recognizing and responding to students in distress
Recognizing and Responding to Students in Distress

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College is a transformative time in a student’s life. New friends, new environment, new experiences, and, of course, new academic challenges all converge to make college a very exciting time.

However, significant change in a condensed time frame can also be very stressful, which is why I’m pleased to introduce this important resource to you.

As members of a caring and collaborative community, all of us at WPI have an important role to play in the lives of our students. Faculty and staff who work closely with students are particularly well positioned to recognize distress, which is why I encourage you to spend time with this publication.

Published by WPI’s nationally recognized Student Development and Counseling Center (SDCC), Recognizing and Responding to Students in Distress will show you how to identify student issues, and what you can do to help. It also identifies the many resources and services available to students here at WPI.

I encourage you to spend time with this important resource and keep it close at hand during your work with students. I also encourage you to learn more about the SDCC and the many valuable programs and services available to WPI students.

Philip B. Ryan ‘65
Interim President
Dear Colleagues,

One of the hallmarks of WPI is the spirit of collaboration and partnership to promote student learning and success. For students, the academic environment can create a challenging and stressful environment. When a student is faced with added stressors such as illness, financial concerns, family difficulties, or mental health challenges, it can becomes difficult for the student to function, much less succeed academically.

Over the last decade, WPI’s Student Development and Counseling Center (SDCC) has worked diligently to foster and develop a community-based approach to identify and support students who are experiencing difficulty in some part of their life. A key component of their work has been to provide training and resources for community members who work closely with students on a daily basis. As Dean of Students, I am deeply cognizant of the fact that early identification of and intervention with students who are experiencing difficulties can make a critical difference.

In that spirit, this manual, Recognizing and Responding to Student Distress, has been developed by the SDCC as a resource to enhance community support for students—in particular, students with mental health concerns. This comprehensive tool provides an overview of the stressors that students face on a daily basis, as well as information on specific concerns and conditions that impact student well-being.

By working together as a community to identify student issues, early intervention can help keep the student on track and prevent the situation from developing into a crisis. On behalf of the Student Affairs Division, I thank you for your partnership in this important endeavor to promote student success in and out of the classroom.

With sincere thanks,

Philip N. Clay
Dean of Students, Chief Student Affairs Officer
Dear Colleagues,

The WPI Student Development & Counseling Center has become nationally known for its innovative approach to supporting the whole community in recognizing and responding to students in distress. In fact, part of the core mission of the SDCC has been enhancing overall student support by making available training and consultation on the topic of student distress. At any given time, over 350 students on campus have completed our innovative six-week Student Support Network (SSN) Training Program. SSN training has become so popular that an ever-growing number of faculty and staff have completed it, as well. Additionally, hundreds of faculty and staff have participated in our 90-minute Recognizing and Responding to Student Distress program. The publication of this manual represents yet another campus specific resource for faculty and staff to turn to when they become concerned about students in distress.

It is truly a privilege to work within a community that is so committed to helping one another out. While we who work within the SDCC strive to enhance mental health support here at WPI, we are quite thankful that we are so well supported in doing so. Our students, faculty, and staff are remarkable people who impress us every day with their willingness and ability to add to the overall network of support. We do hope you’ll take some time to look through this manual. It is meant to be a comprehensive and WPI-specific review of how our students might struggle with mental health issues, what resources are available for support, and how to help students thrive in our learning community.

Sincerely,

Charles Morse, MA, LMHC
Assistant Dean of Student Development, Director of Counseling
1.1 Recognizing Students in Distress

“I get high strung and crazy now because of stress. I used to be the most relaxed person ever.”

—Student
Recognizing Students in Distress

As a faculty or staff member, you may be the first to notice a student who is experiencing distress. You do not have to take on the role of counselor or diagnose a student. If you observe a student who is showing signs of difficulty, please alert the Student Development & Counseling Center or the Dean of Students Office. You also may decide to have a direct conversation with the student to gather a little more information, express your concern, and offer resource referral information.

Often, there are indicators that a student is experiencing distress long before a situation escalates to a crisis. To assist our students in maintaining their mental wellness and maximizing their intellectual growth, it is important to identify difficulties as early as possible. The presence of one of the following indicators alone does not necessarily mean that the student is experiencing severe distress. However, the more indicators you notice, the more likely it is that the student needs help. **When in doubt, consult with the Student Development & Counseling Center, 508-831-5540.**

Faculty members may have concerns about reporting information about students to others. Please see FERPA guidelines at [www.wpi.edu/offices/policies/ferpa.html](http://www.wpi.edu/offices/policies/ferpa.html).

“In the first couple of weeks in the year, before the stress begins, you see a normal behavior. At the end of A-Term, you may see a change in behavior. When you don’t see the norm, it can become concerning.”

—Matt Foster

*Complex Coordinator, Residential Services*
Recognizing and Responding to Students in Distress

Academic Indicators

- Repeated absences from class, section, or lab
- Missed assignments, exams, or appointments
- Deterioration in quality or quantity of work
- Extreme disorganization or erratic performance
- Written or artistic expression of unusual violence, morbidity, social isolation, despair, or confusion; essays or papers that focus on suicide or death
- Continual seeking of special provisions (extensions on papers, make-up exams)
- Patterns of perfectionism: e.g., can’t accept themselves if they don’t get an A
- Overblown or disproportionate response to grades or other evaluations

“I have to make everything perfect. I can’t just quickly skim something.”
—Student

“The first thing I notice is when a student starts missing obligations.”
—Rick Vaz

Dean, Interdisciplinary and Global Studies Division
Associate Professor, Electrical & Computer Engineering
Behavioral and Emotional Indicators

- Direct statements indicating distress, family problems, or loss
- Angry or hostile outbursts, yelling, or aggressive comments
- More withdrawn or more animated than usual
- Expressions of hopelessness or worthlessness; tearfulness
- Expressions of severe anxiety or irritability
- Excessively demanding or dependent behavior
- Lack of response to outreach from staff
- Shakiness, tremors, fidgeting, or pacing

“When I get stressed I feel really frantic. And I don’t get sleep, which doesn’t help.”

—Student
“When I get stressed, I become snappy to my team partners and friends; they want things done, but I don’t have time to do them.”

—Student

Physical Indicators

- Deterioration in physical appearance or personal hygiene
- Excessive fatigue, exhaustion; falling asleep in class repeatedly
- Visible changes in weight; statements about change in appetite or sleep
- Noticeable cuts, bruises, or burns
- Frequent or chronic illness
- Disorganized speech, rapid or slurred speech, confusion
- Unusual inability to make eye contact
- Coming to class bleary-eyed or smelling of alcohol

“You can see the stress on students’ faces and they no longer engage in conversation.”

—Jeanine Skorinko

Assistant Professor, Social Science & Policy Studies
Other Factors

- Concern from a peer or teaching assistant
- A hunch or gut-level reaction that something is wrong

“Students may realize that for the first time in their life, they are going to get a C. They then might question their major. It’s a critical experience when you think you are not perfect at everything.”

—Emily Perlow

Director of Student Activities
Safety Risk Indicators

- Written or verbal statements that mention despair, suicide, or death
- Severe hopelessness, depression, isolation, and withdrawal
- Statements to the effect that the student is “going away for a long time”

If a student is exhibiting any of these signs, the student may pose an immediate danger to themselves. In these cases, you should stay with the student and contact Campus Police at 508-831-5555 or the Student Development & Counseling Center at 508-831-5540 or the Dean of Students Office 508-831-5201.

“Students arrive without many time management skills. Eventually most of them develop these, but there is an awkward stage in the middle where they struggle as the work becomes more demanding.”

—Rick Vaz

Dean, Interdisciplinary and Global Studies Division
Associate Professor, Electrical & Computer Engineering
The situation is an emergency if... 

- physical or verbal aggression is directed at self, others, animals, or property.
- the student is unresponsive to the external environment; he or she is incoherent or passed out; —disconnected from reality/exhibiting psychosis; or displaying unmitigated disruptive behavior
- the situation feels threatening or dangerous to you.

If you are concerned about immediate threats to safety, call Campus Police, 508-831-5555.

How do you know when to act?

You may notice one indicator and decide that something is clearly wrong. Or you may have a gut-level feeling that something is amiss. A simple check-in with the student may help you get a better sense of the situation. It’s possible that any one indicator, by itself, may simply mean that a student is having an “off” day. However, any one serious sign (e.g., a student writes a paper expressing hopelessness and thoughts of suicide) or a cluster of smaller signs (e.g., emotional outbursts, repeated absences, and noticeable cuts on the arm) indicates a need to take action.

“When I noticed a student was down, I asked how he was doing. He said OK. I kept talking to him. He said he was having trouble adjusting to the culture. He was very depressed. I know he appreciated my showing concern.”

—Ingrid Matos-Nin

Assistant Teaching Professor of Spanish
"Talking with faculty or staff helps me. They make me feel like they have been there before and have gotten past the same problems. It makes me feel that my situation is not the end of the world."

—Student
Taking Appropriate Action

When you have identified a student in distress, you have the options of choosing to speak directly with the student or refer the student to a WPI resource such as the Student Development & Counseling Center, Dean of Students Office, or Academic Advising. These options are not mutually exclusive; in many situations, doing both will be appropriate. Your decision about where to begin may also be influenced by . . .

- your level of experience,
- the nature or severity of the problem,
- your ability to give time to the situation, or
- a variety of other personal factors.

If you have a relationship or rapport with the student, speaking directly to the student may be a good choice. Begin the conversation by expressing your concerns about specific behaviors you have observed. If you don’t really know the student, or if you worry that direct contact from you would not be well received, contact the Student Development & Counseling Center.

“It’s challenging for some faculty to feel comfortable talking with students about distress. But if they don’t engage students in conversations they will not have the opportunity to make the referral. I tell students “I am not a trained counselor. I really want to encourage you to talk to someone else. I am definitely here to listen to you but I think you need more help than I can provide you.”

—Emily Perlow

Director of Student Activities
Consult

Consult with one or more of these resources:

- Student Development & Counseling Center, 508-831-5540
- Dean of Students Office, 508-831-5201
- Academic Advising, 580-831-5381
- Department chair or dean
- Health Services, 508-831-5520

“Sometimes students won’t reach out to the SDCC, so I send the initial email and cc the student.”

—Jeanine Skorinko

Assistant Professor

Social Science & Policy Studies
# Department Academic Advising Offices

Aerospace Engineering, 508-831-5576  
Air Force and Aerospace Studies, 508-831-5747  
Bioengineering, 508-831-6800  
Biology and Biotechnology, 508-831-5543 / 508-831-5538  
Biomedical Engineering, 508-831-5447 / 508-831-5538  
Business, School of, 508-831-5218  
Chemical Engineering, 508-831-5250  
Chemistry and Biochemistry, 508-831-4113 / 508-831-5371  
Civil and Environmental Engineering, 508-831-5294  
Computer Science, 508-831-5357  
Electrical and Computer Engineering, 508-831-5231  
Fire Protection Engineering, 508-831-5593  
Humanities and Arts, 508-831-5246  
Manufacturing Engineering, 508-831-6088  
Materials Science and Engineering, 508-831-5633  
Mathematical Sciences, 508-831-5241  
Mechanical Engineering, 508-831-5236  
Physics, 508-831-5258  
Pre-Health, 508-831-5854  
Robotics Engineering, 508-831-6667  
Social Science and Policy, 508-831-5296
“With more suicides happening on university campuses, I am going to err on the side of caution. I won’t try to be a psychotherapist but will contact the SDCC staff directly. I think that is important. And then follow up with the student.”

—Jim McLaughlin
Assistant Dean of Student Programs
Director of Campus Center
Make Contact

You do not need to take on the role of counselor. You need only listen, care, and offer resource referral information.

• Meet privately with the student (choose a time and place where you will not be interrupted).
• Set a positive tone. Express your concern and caring.
• Point out specific signs you’ve observed. (“I’ve noticed lately that you . . .”)
• Ask, “How are things going for you?”
• Listen attentively to the response; encourage the student to talk. (“Tell me more about that.”)
• Allow the student time to tell the story. Allow silences in the conversation. Don’t give up if the student is slow to talk.
• Ask open-ended questions that deal directly with the issues without judging. (“What challenges has that situation caused you?”)
• If there are signs of safety risk, ask if the student is considering suicide. A student who is considering suicide will likely be relieved that you asked. If the student is not contemplating suicide, asking the question will not “put ideas in their head.”
• Restate what you have heard as well as your concern and caring.
• Ask the student what would help. (“What do you need to do to get back on a healthy path?”)
• Suggest resources and referrals. Share any information you have about the particular resource you are suggesting and the potential benefit to the student. (“I know the folks in that office and they are really good at helping students work through these kinds of situations.”)
• Avoid making sweeping promises of confidentiality, particularly if the student presents a safety risk. Students who are suicidal need swift professional intervention; assurances of absolute confidentiality may get in the way.

Unless the student is suicidal or may be a danger to others, the ultimate decision to access resources is the student’s. If the student says, “I’ll think about it,” when you offer referral information, it is okay. Let the student know that you are interested in following up in a day or two. Talk with someone—Student Development & Counseling Center, Academic Advising Office, Dean of Students, etc.—about the conversation. Follow up with the student in a day or two.
Make a Referral

Explain the limitations of your knowledge and experience. Be clear that your referral to someone else does not mean that you think there is something wrong with the student or that you are not interested. The referral source has the resources to assist the student in a more appropriate manner.

- Provide name, phone number, and office location of the referral resource or walk the student to the Student Development & Counseling Center if you are concerned the student won’t follow up. Try to normalize the need to ask for help as much as possible. It is helpful if you know the counseling staff and can speak highly of them. Convey the spirit of hopefulness and the information that troublesome situations can and do get better.

- Realize that your offer of help may be rejected. People in varying levels of distress sometimes deny their problems because it is difficult to admit they need help or they think things will get better on their own. Take time to listen to the student’s fears and concerns about seeking help. Let the student know that it is because of your concern that you want to make a referral to an expert.

- End the conversation in a way that will allow you, or the student, to come back to the subject at another time. Keep the lines of communication open. Invite the student back to follow up.

- If you have an urgent concern about a student’s safety, stay with the student and notify Campus Police 508-831-5555.

“I think students really want someone to open the door and say, ‘Gee, you look kind of stressed out. Is everything all right?’ They are looking for the entrée to talk.”

—Emily Perlow

Director of Student Activities
Distressed and Distressing?

Sometimes when students are distressed, they “act out” in ways that are inappropriate or even disruptive to your class. If you have a student who exhibits this kind of behavior, communicate your observations to the Student Development & Counseling Center or the Dean of Students Office. They will help connect the student with appropriate resources and support you in maintaining your desired classroom environment.

Help for Yourself, Colleagues, or Family Members

Supporting a student in distress may be physically, mentally, and/or emotionally draining. It may also trigger feelings about your or your loved ones’ own struggle. The Employee Assistance Program (EAP) is available to “debrief” with campus community members to restore a sense of equilibrium.

Employee Assistance Program, 800-828-6025
Wellness Corp., wellnesscorp.personaladvantage.com
Family Educational Rights and Privacy Act (FERPA)

What does FERPA cover?
FERPA limits the disclosure of information from student “education records.” Education records include virtually all records maintained by an educational institution, in any format, that identify a student on its face or from which a student’s identity could be deduced from descriptive or other information contained in the record, either alone or in combination with other publicly available information.

May I disclose personal knowledge and impressions about a student, based on my personal interactions with the student?
Yes. FERPA applies only to information derived from student education records, and not to personal knowledge derived from direct, personal experience with a student. For example, a faculty or staff member who personally observes a student engaging in erratic and threatening behavior is not prohibited by FERPA from disclosing that observation to other school officials who have legitimate educational interests in the information.

May information from a student’s education records be disclosed to protect health or safety?
Yes. FERPA permits the disclosure of information from student education records to appropriate parties inside or outside WPI in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. For example, if a student sends an email to his resident advisor saying that he has just been diagnosed with a highly contagious disease, such as measles, WPI could alert the student’s roommates, and perhaps others with whom the student has come in close contact, to urge them to seek appropriate testing and medical care. Safety concerns warranting disclosure could include a student’s suicidal statements or ideations, unusually erratic and angry behaviors, or similar conduct that others would reasonably see as posing a risk of serious harm.
“If a professor reached out to me, I would be shocked initially and wonder if it’s really noticeable that I am having a tough time. I probably wouldn’t say anything or just say I’m OK. But if they followed up and asked a second time, maybe through email to see if I wanted to come in and talk, that would help me communicate more.”

—Student
Faculty

Professors, lecturers, instructors, teaching assistants, and lab supervisors are all in unique positions to notice and assist students in the early stages of situational or other emotional distress. Faculty members should contact the Student Development & Counseling Center or Dean of Students at the first sign of a distressed (or distressing) student.

“Faculty can reach out to other faculty and staff regarding student issues and concerns they may be dealing with. The community really cares about students. WPI is an environment of collaboration.”

—Paul Reilly

Director of Academic Advising
Recognizing and Responding to Students in Distress

Student Development & Counseling Center

Counselors in the SDCC are available to support students who might be struggling. There is no problem too big or too small for a student to seek services. The SDCC staff often collaborates with other offices, departments, and individuals across campus to support students.

Academic Advising

These staff members work to support students’ academic success. Academic coaching and tutoring are just a couple of the services available.

Dean of Students Office

The Dean of Students staff coordinates a wide array of services, programs, and activities designed to support the academic success and personal development of WPI students.

WPI Health Services

WPI provides accredited medical services. The staff is guided by a model of integrated care for the whole person and works to support the health of the WPI community. Medical Services providers offer health assessments, physical exams, diagnosis and treatment of illnesses and injuries, management of chronic health problems, and pharmacy services.

“I advise students to find some adults on campus and develop relationships with them.”

—Rick Vaz,

Dean, Interdisciplinary and Global Studies Division
Associate Professor, Electrical & Computer Engineering
WPI Care Team

The WPI Care Team was established to receive, consider, and, when appropriate, act upon information or behavior(s) of concern exhibited by a student or group of students. The Dean of Students Office coordinates the group of professional staff that meet weekly (during the academic year) to address the safety, welfare, and academic success of students. The WPI Care Team includes representatives from across the institution, with a focus on reaching out to students whose behavior has (in some way) come to the attention of others. The Team then determines a plan of action (when deemed appropriate) that is in the best interest of the student and the campus community. For more information or to alert the Care Team about a concern: www.wpi.edu/offices/dean-of-students/concern.html.

“When talking about the SDCC, I find it useful to use the first name of counselors such as “I know [Xxxxx] at the SDCC, who is a great resource. Can we walk down together? They have open hours every day at 1pm.” Walking students down to the SDCC helps. Lots of students don’t know where to go.”

—Matt Foster
Complex Coordinator,
Residential Services
2 promoting student well being

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“Having a faculty or staff member to talk with is more confidential than going to a friend. It’s definitely reassuring to know someone is there if you want to talk.”

—Student
Foundations for Supporting Students

The college years are a time when a student’s focus of life changes from family and home to the college community. Relationships between parents and children change and evolve into relationships between parents and young adults. This evolution varies by culture as well as by individual family. Students are forming a new identity that integrates the many contexts in which they live.

Today’s students face intense pressure to succeed. Guidance, support, and help from faculty can cultivate a living-learning environment where students can productively face many struggles for the first time.

Some developmental tasks facing students:

- **Becoming Autonomous**: managing time, money, and other resources, taking care of oneself emotionally and physically, working independently and interdependently, and asking for help.

- **Establishing Identity**: developing a realistic self-image including an ability to handle feedback and criticism, defining limitations and exploring abilities, and understanding oneself in culture.

- **Achieving Competence**: managing emotions appropriately, persisting when faced with adversity, developing and pursuing academic interests, identifying and solving problems, becoming confident and competent, and preparing for careers and lifelong learning.

- **Understanding and Supporting Diversity**: meeting people from diverse backgrounds, encountering differences, and learning to honor and embrace the gifts of others.

- **Establishing Connection and Community**: learning to live respectfully with and among others, and developing skills in group decision making and teamwork.
Helping Students Understand and Manage Their Stress

The college years can be times of discovery and excitement. Those of us who work with students strive to incorporate those qualities into our teaching and our work. At the same time, the developmental tasks that are particular to the college years can be taxing and difficult. Stress responses can be triggered by positive experiences, such as falling in love or acing an exam, or by negative experiences, such as an unexpected loss, disappointment, or traumatic event. As a positive influence, stress can compel us to action, move us into our “peak performance zone,” and bring a sense of excitement or exhilaration to our lives. As a negative influence, it can result in fatigue, anxiety, and feelings of helplessness. In other words, stress is what our bodies and minds experience as we adapt to a continually changing environment.

Stress occurs on a continuum. To maintain healthy tension, a person must balance the right amount of stimulating challenges with a healthy diet, a consistent sleep schedule, regular exercise, and stress management techniques.

While most students would like to be in the peak performance zone every day, this is not humanly possible. However, by maintaining healthy tension, an individual can access the extra burst of energy and focus needed to achieve peak performance when needed most (e.g., on the day of an exam).

When students perceive that a situation, event, or problem exceeds their resources or abilities, their bodies react automatically with the “fight or flight” response. If this response persists over time or results from a sudden significant change, it can lead to imbalance and health problems such as heart palpitations, insomnia, eating disorders, fatigue, panic disorders, and feelings of hopelessness or depression.

The Stress Continuum
Excessive and/or prolonged levels of stress lead to imbalance and physical, emotional, and social breakdown. This experience of imbalance may present as difficulty concentrating, disorganization, forgetfulness, deterioration in quality or quantity of work, irritability, and exaggerated personality traits. To re-establish balance, the person needs to strengthen stress-management practices, learn new coping strategies, or seek support from others.

If stress is left unchecked, symptoms will worsen, causing severe physical complaints, illness, and feelings of anxiety, hopelessness, or depression. The student may be so despondent that a class is skipped, social withdrawal occurs, or unnecessary safety risks are taken. At this breakdown point, it is essential for the student to seek professional medical or counseling assistance.

When stress impedes functioning, many people benefit from a combination of lifestyle changes, affirmative interpersonal relationships, counseling, and/or medication. Faculty can support students by reinforcing healthy lifestyle behaviors, addressing classroom behavior or other concerns when first noted, and communicating that seeking assistance when needed is a sign of strength.

“I tell a student that sometimes it is good to talk to someone who is just going to listen. That’s what the SDCC can do. They are not going to judge you or fix your problem; they are going to help you figure out what’s working and what’s not, and help you figure out how to fix it.”

—Emily Perlow

Director of Student Activities
2.2 Reduce Stress

“If a professor noticed I was having a tough time, I would appreciate it if they reached out. If they are taking the time to notice me and check in, I will reciprocate and tune in more.”

—Student
Get To Know Your Students

Create a welcoming environment for all students. Social support and a sense of belonging within the larger community promote well-being and are the best insurance against stress and self harm. WPI students overwhelmingly state that they want to be part of a supportive community. They want to get to know and work with their professors.

What Faculty Can Do To Reduce Student Stress

According to the 2012 National College Health Assessment Survey of college students (WPI figures are similar):

• 28% said they received a lower grade in a course due to stress.
• 44% found academics difficult to handle.
• 45% felt hopeless at least once in the past academic year.
• 7% reported having seriously considered suicide and 1.2% attempted suicide.

“Stress makes me exhausted, so I sleep too much. And because I sleep too much, my stress gets worse.”

–Student
SUGGESTIONS: Creating a Collegial Atmosphere

Students who feel connected to and supported by professors experience less distress. Here are some ways WPI faculty can create a more collegial atmosphere.

- Throughout orientation week, some departments sponsor social events such as meals in the dining halls, club outings, picnics or barbecues, and sporting events. These are another way for departments and faculty members to create a dynamic that ensures a comfortable atmosphere for students.
- Consider making a student-professor meeting a course requirement.
- Become an Insight Advisor. (For more information contact Academic Advising, 508-831-5381)

“When a professor seems detached and doesn’t show interest in student concerns, those are my worst classes.” –Student

“I wish the professors knew we are trying to get involved in other things as well. We are trying to establish a good balance. Some professors have a really hard time wrapping their head around that.” –Student

“I had a teacher who learned everybody’s name. He would call me by name and ask what I needed help with.” –Student

“I had a professor that was really approachable. He didn’t just walk out of the lab and let a TA work with us. He knew my name the first day and really wanted to get to know the students.” –Student

“When I was with my family, one of my professors said hi, and my whole family was really blown away!” –Student
Extreme competition and stress can lead to increased depression, antisocial behavior, and substance abuse. Isolation is a risk factor in suicide as well as in violent behavior. Social connectedness is a predictor of healthy mental health and well-being, even more so than income or educational attainment.

Foster Cooperation vs. Competition

“One student in my class got really sick and missed a lot of A-Term. The teacher was always asking other students to pass on materials and alternative assignments. That was really helpful.” –Student

“Professors encourage teamwork a lot. I have never felt competitive with other students. Some professors say we can work together but should complete the assignment individually. It forces us to get to know people in class.” –Student

“Teamwork is encouraged in every one of our classes.” –Student

“Some professors know that if you have to explain it to another student, you will know it better.” –Student

Most faculty agree that some level of student stress is a motivating force but wonder what can be done both inside and outside the classroom to help minimize unnecessary stress. Successful group work decreases stress, fosters team building, and combats the isolation.
SUGGESTIONS: Opportunities for Informal Interactions

- A public space or lounge area draws students to your department and provides opportunities for informal interactions between students and faculty. It also provides a place to post information and a meeting space for student organizations.

- All first year students are part of the Insight Program that gives them an opportunity to get to know faculty and advisors. Meeting regularly with advisees allows immediate problem solving and helps new students adjust to the demands of the curriculum.

“Most students love doing teacher evaluations. We’ll tell a teacher if we didn’t like their class. And make sure a good teacher gets a good evaluation. But there are some teachers that do mid-term evaluations, and don’t change anything after getting feedback.” —Student

“Competition happens when students realize they are among many valedictorians at WPI. Students should know there are companies that won’t hire them if they have all A’s or a 4.0 average. Some companies think these students will not work well on a team.”

—Ingrid Matos-Nin

Assistant Teaching Professor of Spanish
Students feel more at ease when they know what will be expected of them from the start. This information is helpful for decision making and time management. Clear and consistent communication enables students to get the most out of their undergraduate education. Without accurate information, students feel that everyone else is doing well and that they are the only ones struggling.

Be Clear in Expectations and Communication

“Professors tell us we need to be very, very organized but in class we see they are not as organized.” –Student

“Some professors hand out syllabuses with assignments due every class. But when they fall behind they expect us to keep up. With a week left, we might have seven homework assignments. Professors should be flexible enough to change the syllabus based on the situation.” –Student

“The professors don’t always make it known that you can approach them. They say they will give you a zero if the assignment is one minute late. That is harsh so I know I must get it done. But if you really need to, and talk to them, you can probably get an extension.” –Student

“One professor took every point on the mid-term evaluations and brought them up in class. He made it known that he read them all and what he took from them.” –Student

“My professor told us how many students complained about each issue on the teacher evaluation and what he was going to do about the issues.” –Student

Provide clear expectations orally and in writing from the first day of class. Include information about what the students can expect from you as the professor and what you expect from the student. Provide multiple ways to gain knowledge. Provide regular feedback.


**SUGGESTIONS: Writing Your Course Syllabus**

When writing your course syllabus, consider including the following items:

- Overall course objectives; consider the personal tone that you set as an important aspect of the syllabus
- Course format, so students know how you will be using class time
- Your expectations of student responsibilities
- What assessment techniques you will use to evaluate students, including information on grading policies
- A schedule of class dates, topics, and weekly assignments
- Due dates for papers, exams, and projects, including policies about late assignments
- Any pertinent information about academic policies and procedures (such as class attendance, making up assignments, and university-wide policies)
- Include a statement addressing accommodations for disabilities and resources for mental health, for example:

  “It is WPI policy to provide reasonable accommodations to students who have a documented disability (e.g., physical, learning, psychiatric, vision, hearing, or systemic) that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to contact Student Disability Services and their instructors for a confidential discussion of their individual need for academic accommodations. Student Disability Services is located on the first floor of Daniels Hall. Staff can be reached by calling 508-831-4908. If you are experiencing undue personal or academic stress at any time during the semester or need to talk to someone who can help, you should contact:

  **WPI Academic Advising Office, 508-831-5381**
  **WPI Health Services, 508-831-5520**
  **WPI Student Development & Counseling Center, 508-831-5540**

  For more details faculty resources, visit the Morgan Teaching & Learning Center: [www.wpi.edu/academics/morgan.html](http://www.wpi.edu/academics/morgan.html)
Have a clear purpose for each assignment. Prepare your students by giving exams that simulate the real world. Let students know where they stand academically.

Evaluate Students Without Causing Undue Stress

“During finals, I’ll have three projects, two papers, and two finals in three days. I don’t think they understand. One professor ended his class a week early and gave his final early. It was harder because we had more to study, but helpful because you could focus on studying for just one final.” —Student

“One professor helped me a lot. I had an early exam and a paper due after it, at 10am. I didn’t have the time to make the finishing touches on my paper and the professor gave me an extension to midnight so I could get it done.” —Student

“Late on a Sunday night I had my IQP proposal to work on plus robotics homework plus a journal project. I wrote to my robotics professor and engineering professor begging them for an extension. They were great. That was such a big stress reliever.” —Student

“My professors are amazing. One gave the entire class an extension when just one person had asked for it.” —Student

“Students need to know that getting less than 100% on an exam doesn’t mean the subject isn’t their calling.”

—Emily Perlow

Director of Student Activities
Test in the same manner in which you teach. Be sure that a test measures what students have learned. Provide specific feedback and corrective opportunities. Grade inflation is a problem—95 percent of students think that they are failing if they don’t get all A’s. On the other hand, a mean of 30 can be psychologically devastating. Negotiating flexibility can be difficult while also striving for academic excellence.

“**It’s good when a student comes to you to say they are stressed.”**

—Ingrid Matos-Nin
Assistant Teaching Professor of Spanish

**SUGGESTIONS: Text Exams**

Test exams on a colleague before they go out to students. Students get stressed when there are mistakes in an exam.

• Consider untimed exams. While this is vital for students with some learning disabilities, it can also reduce tension for mainstream students.

• Consider providing practice exams, old exams, or review sessions to help prepare students for an exam.

• Establish a formalized mechanism through which students can appeal project/paper deadlines or ask for an exam make-up. For example, rather than setting a make-up exam date and time at the beginning of the semester, provide the make-up exam based on the group of students who have communicated (through the formalized mechanism) that a different date is needed (e.g., for religious reasons or significant health concerns).
Challenge the thinking that students must get into the one and only top graduate school or field. Emphasize that there are lots of graduate schools, opportunities, and careers and that they will find something that will work for them.

Opening Possibilities vs. Closing Doors

“I think the professors who get involved in other things on campus understand the students better. They know we are here for academics but other things too.” —Student

“My math professor’s enthusiasm made a huge difference for me. He would go off on tangents because he was so excited about the course. Being a math major, I became more excited about it. I worked really hard in that class. He didn’t make it easy. But his enthusiasm kept me going. When I got my A in that class, it was the best A ever.” —Student

SUGGESTIONS: Communicate Departmental Information

Many departments have instituted web pages, weekly emails, bulletin boards, or newsletters for majors to communicate departmental information. Students, particularly freshmen, find these sources of information helpful in visualizing future jobs and finding undergraduate research opportunities, TA opportunities, internships, and summer jobs. Students are informed about activities and remain connected to the department. Students in departments with undeclared majors should have the opportunity to sign up for newsletters to make the transition into a major as smooth and as informed as possible.
Use teaching methods that are motivating and relevant to students with diverse characteristics with respect to age, gender, culture, etc. Encourage the sharing of multiple perspectives. Demonstrate and demand mutual respect.

**Build Confidence**

“There are faculty members that I feel totally comfortable going to. I have one professor I can go to for whatever.” —Student

“Last year I got sick and missed three days of class. My professor emailed me to check and see if I was OK. That was awesome.” —Student

“I have the SDCC come into my class and talk about stress management and other services that they provide. The students are amazed.”

—Jeanine Skorinko

*Assistant Professor, Social Science & Policy Studies*

As a university, we can make a difference by being a place where all students can find their passion, be proud of their accomplishments, and succeed.
SUGGESTIONS: Encourage Good Classroom Relationships and Atmosphere

To encourage good classroom relationships and atmosphere:

• Call students by name, if possible
• Provide opportunities for and encourage student participation and questions
• Make sure that comments or questions have been heard by all
• Treat questions from students seriously, not as interruptions
• Invite alternative or additional answers
• Involve a large proportion of the class
• Prevent or terminate discussion monopolies
• Demonstrate a rapport with students
• Let students know they are free not to respond
• Make it “safe” to speak and “safe” to be wrong
• Allow students to respond to one another
• Accept and acknowledge all answers (“I see what you mean”) or reflect, clarify, or summarize
• Praise thoughtful answers

“Support structures are essential to ensure students have someone to speak to when they are struggling. Students need to know they can talk to Academic Advising, the SDCC, RAs, and student leaders, as well as a number of other welcoming offices on campus.”

—Paul Reilly, Director of Academic Advising
SUGGESTIONS: Enlisting Help from Your TAs

Faculty members offer these suggestions for enlisting help from your TAs:

• Hire TAs not because they got high grades in your course but for their ability to teach and relate well to students.

• Make holding office hours a top priority for TAs; require them to post their office hours and be there for those hours. Ask TAs to be available in the evenings, perhaps up to 11 p.m. in the library, and to have email hours for students to contact them in the evenings.

• Have TAs work in pairs.

• Have TAs take attendance and report students who are regularly missing sessions or seem to be struggling, so resources can be offered. Ask TAs to phone or email any students who missed class.

WPI’s Morgan Learning and Teaching Center offers extensive training and resources for teaching assistants. More information can be found here:

www.wpi.edu/academics/morgan/resources-supervisors.html

“My advice for students: exercise. Every research study looking at happiness says one of the most important predictors is being active. Also, develop meaningful relationships, including with faculty. Research shows that a meaningful relationship with others also predicts happiness.”

—Jeanine Skorinko, Assistant Professor, Social Science & Policy Studies
The issue of having enough time for publishing, teaching, and advising needs to be more seriously considered. Many faculty members enjoy the advisor and mentor roles but do not receive sufficient training, encouragement, or reward for developing these skills.

Take Time To Advise Students

“I go to my academic advisor and complain about other classes. He listens. I wish he knew how to give me advice, too. I don’t think he has the knowledge to support me because he just listens.” — Student

“I had a professor who kept saying ‘you can come see me anytime.’ It was a really, really hard class for me and I had to study 10 hours for one test. I went to see him for help and he told me to look at the solutions handout and try to figure it out on my own. I had already tried that and wanted an explanation of the material.” — Student

“I chose my academic advisor because I like him and I like his research.” — Student

“A- and B-Terms of the sophomore year is a time for many students as they are still learning to manage their time and organize their schedule.”

—Matt Foster

Complex Coordinator, Residential Services
According to recent surveys, many undergrads state that their relationship with their advisor is less than satisfactory; some claim that they do not have the same field of study as their advisor. Some reported that they either ended up with a fabulous advisor or independently sought out an excellent faculty advisor. Most students report Peer Advisors to be very helpful, as are Academic Advising and the Student Development & Counseling Center.

“Try to give students perspective on something that feels like a giant weight on them. They need to understand where this weight stands in relation to the grand scale of life.”
—Emily Perlow, Director of Student Activities

“Some RA students get stuck in the middle of situations with other student and don’t know what to do. I tend to stay on the side of caution and recommend that the RAs refer the student to the SDCC.”
—Matt Foster, Complex Coordinator, Residential Services

“In C-Term last year when I stayed up studying for an exam but didn’t wake up the next morning to take it, I went to the professor. He let me calm down and then take the exam.”
—Student
SUGGESTIONS: Heading Off Student Distress

Good advising goes a long way in heading off student distress. Here are suggestions from faculty members to improve advising at WPI.

• Send a welcome letter/email before arrival on campus introducing yourself to your advisee. Ask for information about the incoming student to help prepare for the student’s arrival.

• Meet early in the semester and ask advisees key questions to elicit information, such as “What are your goals and what are you looking forward to at WPI?” “What has excited you about your experience here?” “How can I help you?” Then listen.

• Regular meetings, phone calls, or emails ensure that faculty advisors are in touch with their students’ lives so they can help with scheduling courses and providing academic and career advice.

• Some departments have created a training program for faculty members to reinforce for them various aspects of the student experience and raise awareness of problems or questions they may encounter as advisors.
Supporting Graduate Students

Graduate study at WPI is varied and complex. Our students have the freedom to shape a course of study that cuts across interrelated fields. Such academic freedom comes with the responsibility to think independently, act responsibly, and pursue one’s research with self-directed passion. It also comes with additional challenges for graduate students who may feel isolated by their unique situations.

Graduate students are far more likely to be international and more diverse in age, background, and experience than undergraduates. They are at various life stages, with a greater variety of accompanying family members and responsibilities.

All graduate students will need support by faculty members, either as chair or member of the special committee, instructor in graduate-level courses, or primary investigator in funded research. An individual faculty member may not need to be responsive in all of these roles, but the faculty members who interact most with the student should strive to offer the full range of support.

These nine points have been identified as essential criteria for supporting graduate students:

(1) Clear communication of your expectations and policies

It is the responsibility of faculty members to lay out expectations and policies and explain in detail how things operate in their specific WPI context, lab, or class. Written expectations are most helpful. Being rigid is not advised, but rather laying the groundwork for building a mutually beneficial relationship based on clear expectations. You might consider these questions in writing your expectations:

• How frequently do you prefer to meet?
• How much time do you have available to work with the student?
• What do you consider a normal workload?
• Do you prefer final drafts for review or do you accept works in progress?
• How much turn-around time do you need for letters of recommendation?
• What are your policies on co-authorship?
• Are your relationships with students strictly academic, or are some personal as well?
(2) Approachability, availability, and regular check-ins with students

It is important for graduate students to have someone they feel comfortable coming to for assistance—someone who is invested in them and who cares about their well-being academically, professionally, and personally. Although students are responsible to keep in touch with you, it helps to keep them accountable if you also stay in touch with them regularly. If students are struggling and know they don’t have to see you for months, they may not make timely progress toward completing their degrees.

Here are some ideas to help you keep up good contact with your graduate students:

- Give mentees your undivided attention in meetings with them.
- Check in with mentees at least once a semester.
- Be friendly in the hallways and at field events.
- Invite students to stop by during office hours.

(3) Familiarity with resources within and external to the department

You will be expected to provide students with, or help them find, the resources they need, whether those involve funding, equipment, psychological support, or any other resource that will benefit them as students. You should be able to point your students in the right direction when a need arises.
(4) Supporting expanding student networks and providing professional development opportunities

One of the most effective ways to support students’ academic and professional interests is to give them exposure to professional activities and important people in your field. For example, introduce them and promote their work to colleagues at conferences and other professional gatherings. Encourage your students to attend and present at conferences, and help them obtain the financial resources they’ll need to do so. You can give ongoing support to your students’ professional development by reviewing their grant writing, research projects, TA duties, guest lectures in your classes, or job market preparation.

(5) Valuing students’ decisions, priorities, and need for balance

When you set expectations and timelines or assign tasks, keep in mind that students have other priorities to juggle. It’s important that students have time to keep their lives balanced and healthy. Faculty should familiarize themselves with university policies on assistantships and the university’s academic calendar, so that if questions arise about the structure or duration of students’ work assignments, you can provide information. A 60-hour work week includes study, lab/library time, and course attendance. Fellowships and assistantships are 20 hours a week.
(6) Familiarizing students with graduate school and academia

Another way to assist students is to familiarize them with the practices of the field and discipline and helping them integrate into the program’s communities. Such integration is an important predictor of degree progress and completion.

For most of your students, graduate school is their first exposure to professional scholarship. Therefore, even if the bureaucratic procedures are so familiar to you that they seem simple, they can be daunting for graduate students who feel that they hear conflicting messages about everything from paperwork deadlines to field requirements. Make sure you have the most recent copies of your program’s and the Graduate School’s guidelines. Introduce students to “unwritten” or vague rules of graduate education, including expectations about funding, publishing, course work, and program timelines.

(7) Providing honest, supportive, timely, and detailed feedback

It is important that graduate students are treated as professionals by the faculty. Students who are treated as “junior colleagues” are more likely to complete their degrees than those who feel they are treated as “adolescents” (Herzig, 2004). Treating students with respect, fairness, and objectivity—especially when their work may not be meeting expectations—is critical to their success.

Respectful academicians will read a student’s work and return it to him or her expeditiously with comments that show they have engaged with the student’s ideas. They are either supportive of the direction the student is taking or they are constructive with their feedback on why they are not.
(8) Providing ongoing encouragement and support

Most students experience bouts of insecurity and anxiety at some time. It is important to help them recognize that this is normal. Since you most likely experienced similar low points in graduate school yourself and clearly made it through successfully, you can provide ongoing encouragement. Faculty can instill confidence by telling students when they are doing a good job and helping them build the knowledge and skills they need to do their work well.

Encourage your students to follow their interests and support them through the fleshing-out of incipient ideas that may or may not end up at the center of future research projects. Students should have the freedom to choose their research interests and receive the support they need regardless of how those interests relate to those of their mentors.

(9) Being responsive to the needs of a diverse student body

Retention of minority students—those who belong to a group that experiences prejudice, stigma, or discrimination—presents the greatest challenge to increasing overall graduate student retention rates, because these students are the least likely to complete their graduate degrees. Graduate school is difficult for all students, but it is often more so for students who face obstacles that arise due to differences in race, sexual orientation, gender, disability, age, and socio-economic background.

The following suggestions can make you more aware and sensitive to this issue:

• Learn students' backgrounds, values, and motivations.

• Recognize your own biases.

• Read information, attend programs, and participate in discussions that focus on issues faced by people from backgrounds different from your own.

• Confront discrimination among colleagues and students.

• Refine syllabi, assignments, and reading material with an eye toward inclusion. For more information on supporting graduate students, contact Graduate Admissions at 508-831-5301.
Supporting Postdoctoral Scholars

By definition, a postdoctoral scholar has received a doctoral degree and is pursuing additional research, training, or teaching to pursue a career in academia, research, or another field. Postdocs work closely with a faculty mentor and play a crucial role in the university; they supplement the research expertise of faculty by sharing new techniques, collaborating with other institutions, and helping manage the daily operations of a laboratory or research site. They also may contribute by teaching and advising in support of undergraduate and graduate students, making them an integral part of the university.

Postdocs consistently report these concerns:

- Lack of communication
- Poorly established goals/lack of understanding of goals
- Not knowing to whom the research belongs
- Applying for grants
- Networking/conferences
- Language barriers/cultural issues
- Family issues
- Isolation in the lab
- Relationship issues
- Lack of jobs

Faculty mentors are such an important part of the postdocs’ professional lives and can help the postdocs work on most of those issues. There are other people on campus who can provide the advisors and the postdocs with additional information if needed.
“There are a lot of places in the world where faculty do not have conversations with undergraduate students. The workshops SDCC offers to faculty are invaluable for learning effective ways to communicate with students.”

—Rick Vaz

Dean, Interdisciplinary and Global Studies Division
Associate Professor, Electrical & Computer Engineering
Morgan Teaching and Learning Center

This center strives to strengthen teaching across campus in a multitude of ways, from disseminating research-based, best-teaching practices to ensuring that instructors have the support and resources needed to help their students learn better.

The center emphasizes the importance of lifelong learning in the development of outstanding teachers. Its instructional support programs encourage a constant refinement and development of the practice of teaching and create an atmosphere in which teachers may discover their own most effective teaching methods. These programs support graduate TAs as they begin their careers as well as faculty members as they continually strive to achieve excellence in teaching.

Faculty members receive individualized consultation on a variety of instructional issues, including course design, classroom performance, evaluating student learning, providing and receiving student feedback, and documenting instructional quality for peer review.

Resources on the WPI website:

Faculty:
www.wpi.edu/academics/morgan/resources-faculty.html

TAs and Supervisors:
www.wpi.edu/academics/morgan/resources-supervisors.html
Recognizing and Responding to Student Distress Training

WPI's Student Development & Counseling Center offers a 90-minute interactive training session for faculty and staff members. We examine ways students may struggle, discuss effective strategies for reaching out, and identify available resources for further assistance. The SDCC will email notifications of upcoming workshops.

Contact the SDCC at 508-831-5540 to arrange a Recognizing and Responding program for your department or office.

“Faculty should get to know the individuals who work in the SDCC and other campus resources so they can refer the students.”

—Matt Foster
Complex Coordinator, Residential Services
Student Support Network Training for Faculty and Staff

The Student Support Network (SSN) is a six-week training series covering the nature of good mental and emotional health, warning signs that someone may be struggling, ways to approach and talk to those in need, and resources for more help. SSN training was originally developed for students, but has been expanded to offer a track for faculty and staff. This track is scheduled in C-Term during the academic year. Contact the SDCC at 508-831-5540 for more information.
3.1 Academic Concerns

Responding to Disturbing Content in Written or Artistic Work by a Student

The Student Who Is Struggling Academically

The Student Who Needs a Major

The Student Who Needs Career Direction

The Student Who Needs Career- or Work-Related Experience

The Student Who Is Considering Graduate School

The Student Who Is Disrespectful, Is Demanding, or Requires More Attention

3.2 General Concerns

Understanding and Supporting Lesbian, Gay, Bisexual, Transgender, and Questioning Students

The Student Facing a Cultural Transition

The Student Seeking Spiritual Connection

Students with Disabilities

Medical/Health Excuses

The Student Who Is Managing Health Problems

The Student Who Abuses Substance

The Verbally Aggressive and Potentially Violent Student

3.3 Mental Health Concerns

What Is Mental Health?

What Is Depression?

Bipolar Disorder

The Student Who Feels Suicidal

What Is Anxiety?

Post-Traumatic Stress Disorder

Obsessive–Compulsive Disorder (OCD)

Schizophrenia

Attention-Deficit/Hyperactivity Disorder (ADHD)

Autistic Spectrum/Asperger’s Syndrome (AS)

Eating Disorders

Self-injurious Behavior

What is Alcohol Abuse?

What Is Grief?

What About Sleep Difficulties?
“I got sick in sophomore year. I knew I couldn’t pass a class so I went to talk to the professor. She could have failed me but instead worked with me to make up the classes and let me take the test the following term. It was such a relief to be able to study and actually succeed in the course. She was willing to work with me. It’s my most memorable faculty experience.” —Student
Recognizing and Responding to Students in Distress

Responding to Disturbing Content in Written or Artistic Work by a Student

Faculty members and teaching assistants sometimes find disturbing comments in the written work of students. Some examples:

- Disclosure of personal trauma or abuse
- References to suicidal thoughts or severe depression
- Violent or morbid content that is disturbing or threatening
- Sexual content that is disturbing or excessively graphic
- Bizarre or incoherent content
- Disclosure of severe problems with alcohol or drug abuse

Such writing may simply indicate a dramatic or unusual style, but may also suggest psychological or emotional problems or possible danger to self or others. It also may indicate a bid for attention or a cry for help.

Actor Jean-Claude Van Damme says he worked out his teenage depression in physical endeavors such as karate and ballet. He says he was “...compensating for [then undiagnosed] manic-depressive disease. When I didn’t train for a couple of days, I felt so low and nothing could make me happy.”

He was formally diagnosed with rapid cycling bipolar disorder and placed on sodium valproate. He says, “In one week, I felt it kick in. All the commotion around me, all the water around me, moving left and right around me, became like a lake.”

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The following guidelines may help determine whether there is reason for concern and how best to respond:

- Acknowledge the content with comments, like “That must have been hard for you.”

- Invite discussion with comments, like “Sounds like that was difficult for you—do you have someone to talk with about this?” or “If you would like to talk about this, stop by after class or during office hours.”

An email to the student is also an excellent way to communicate your initial concerns and ask the student to come to talk with you.

Consider the student’s behavior in class and whether that reinforces or decreases your concern. For example, writing about suicide is more concerning if the student appears sad, withdrawn, or angry.

Consult with your department chair, dean, or the Student Development & Counseling Center. The SDCC is also available for consultation to determine if referral, immediate intervention, or outreach to the student is indicated. The counselor may also provide suggestions about how to talk with the student.

If you feel threatened or uneasy, do not meet with the student alone. Consult your dean, the WPI Police, the SDCC, and/or Health Services and consider having another person at the meeting or other options to ensure safety.

When meeting with the student, ask about the inspiration for the work, to provide a context and see if the student has been influenced by similar writings (e.g., Stephen King). Consider asking if the student is thinking about suicide or other destructive behavior.

Know your limits. Remember, your role is as professor not counselor. Even a brief acknowledgment or expression of concern can be very meaningful and helpful to a student; however, the conversation does not need to be lengthy if that is beyond your limits.

**Referrals:**

WPI Student Development & Counseling Center, 508-831-5540
The Student Who Is Struggling Academically

WPI students are among the most academically gifted students in the world. They have succeeded throughout their lives; nonetheless, some of them will struggle. When students do not succeed at WPI, the reason is virtually never that they are intellectually incapable of doing the work; something outside school gets in their way: immaturity, lack of motivation or discipline, mismatch with program, alcohol, illness, emotional problems, family issues, or financial difficulties.

Many WPI students who struggle academically are doing so for the first time in their lives. They are used to succeeding, and their reactions to not doing well in a course vary widely. Some students will withdraw into silence. Some will complain loudly that a poor grade will ruin their lives, derailing their plans for medical, law, or business school. Some will doggedly persevere. No matter their response, it is vital that you give students the grades they earn. If you announce on your syllabus an attendance policy, you should abide by it. Maintaining academic standards is critical for your sake, for the sake of the students, and for the sake of the university.

As you become aware that a student in your course or one of your advisees is struggling, the most effective way to assist the student is to contact the Office of Academic Advising. Once the advising staff members have been informed about a particular student’s difficulties, they will be able to check whether the student has broader problems or whether the difficulty is isolated (not all students, after all, will succeed in every subject).

Referrals:
WPI Academic Advising, 508-831-5381
WPI Student Development & Counseling Center, 508-831-5540

Georgia O’Keeffe was so afraid of being unoriginal as an artist that she destroyed all of her paintings right before her 30th birthday. She was briefly hospitalized for depression, but emerged feeling reborn. She wrote to her husband, “I am not sick anymore. Everything in me begins to move.” Shortly after this, she found inspiration in the Southwest, and subsequently created many of her haunting landscapes.
The Student Who Needs a Major

Most students come to WPI with fairly clear ideas about which major(s) they will pursue. Once they start exploring the breadth of programs available at WPI, they often discover exciting options they had never considered. Some end up adding a major or minor to their original plan, but some may completely change academic direction. The Career Development Center is a valuable resource to help students explore possible majors and career paths.

Whatever the case, staff at the Office of Academic Advising are best positioned to provide guidance to the student, because they are familiar with general college distribution and specific departmental requirements. They also have experience in supporting students through related issues, such as dealing with families who may disapprove of the student’s decision to change majors.

Referrals:
WPI Academic Advising, 508-831-5381
WPI Career Development Center, 508-831-5260
The student’s department academic advisor can often help with this issue, as well.

Jane Pauley, NBC news broadcaster, former co-anchor of Today and Dateline, wrote about her experience with depression and bipolar illnesses in her book, Skywriting: A Life Out of the Blue. She discussed her need for medication to control mood swings.

“It just is stabilizing. It allows me to be who I am. A mood disorder is dangerous. You’ve got to get those dramatic waves of highs and lows stabilized,” she said.
The Student Who Needs Career Direction

Many students enter WPI uncertain about their career direction and may benefit from career exploration as early as their freshman year. Many others change their plans, often several times. The Career Development Center (CDC) helps with career counseling, interest assessments, internships, special events, classes, and workshops.

As students approach graduation, they may experience a sense of fear about the prospect of leaving school and getting a career position or selecting a graduate school. Some start to approach this transition by gathering information and exploring options as freshmen, sophomores, and juniors, while others wait until their senior year. Students may feel frustrated if they cannot find a position of their choosing, especially when the economic climate adds to the uncertainty. Students may feel especially anxious, or even depressed, when employers or graduate schools or internships make their choices. The on-campus recruiting program results in jobs for many, but it also creates undue worry and stress for many others—those who are unsuccessful in using this service and those whose interests don’t coincide with the options presented by the mostly large, private employers that recruit.

The campus offers many resources that may facilitate the transition to graduate school or to a career position. The WPI Career Development Center provides an array of centralized services to students.

Whenever students are troubled or in doubt about their career plans or lack thereof, you can confidently refer them to the CDC, where they will receive direct assistance or referral. Many times students will find the information they need on the CDC website: www.wpi.edu/Admin/CDC/index.html

**Referrals:**
WPI Career Development Center, 508-831-5260
WPI Student Development & Counseling Center, 508-831-5540


Michelangelo is said to have experienced “melancholia” and had symptoms of bipolar disorder. He painted more than 400 figures on the ceiling of the Sistine Chapel between 1508 and 1512, some perhaps mirroring his apparent depression.
The Student Who Needs Career- or Work-Related Experience

WPI has a variety of opportunities for students who seek a career-related experience or who wish to gain skills or experience in a specific field. These opportunities can be one-time or ongoing, paid or volunteer, and individual or group experiences.

Volunteer opportunities, internships, and paid positions enable students to broaden their perspective and gain practical experience that applies concepts from the classroom to real-world situations.

The WPI Career Development Center maintains a database of volunteer opportunities for local non-profit organizations, schools, and municipalities. Students can meet with a staff member, who will help them find an opportunity that fits their needs, interests, and availability.

WPI students work for a variety of purposes—to offset college expenses, to gain practical career-related experience, and to provide an outlet from academics. Studies have shown that students who are involved in extracurricular activities and work experiences have better developed time management skills.

At WPI, students can use the services of the Office of Financial Aid to locate both non–work-study and work-study positions, mainly located on campus, for the academic year and summer. The Career Development Center can assist students looking for jobs outside the university.

www.wpi.edu/Admin/CDC/index.html

Referrals:
WPI Academic Advising, 508-831-5381
WPI Career Development Center, 508-831-5260
WPI Office of Financial Aid, 508-831-5469

Winston Churchill, prime minister of Great Britain, who helped lead the world to defeat Hitler in WWII, wrote of suffering from “black dog,” his term for severe and serious depression. Churchill likely experienced bipolar disorder, because, according to his close friend Lord Beaverbrook, Churchill was always either “at the top of the wheel of confidence or at the bottom of an intense depression.” Through sheer determination and knowing that a nation and world depended on his efforts, Churchill led Britain in its part to defeat Nazism.
The Student Who Is Considering Graduate School

Sometimes you will meet with a student who has discovered a passion for, say, biology. She is a sophomore and has decided that research in biology is her future and that means she must go to graduate school. Or perhaps the work of Stephen Hawking has inspired him to contribute to the world of physics. It is wonderful when students discover a passion for intellectual work. And we should encourage such passion as much as we can.

For the student considering graduate school, WPI offers many resources. As a major research center, the university and its faculty are a great resource. Another resource is WPI’s multifaceted Career Development Center. The staff is knowledgeable about the various paths toward graduate work (including undergraduate research internships during summers).

The student considering graduate school can sometimes present challenges. For instance, our neophyte biologist will perhaps wonder why, since she knows that she is going to graduate school in biology, she needs to take courses outside her interests to meet the college’s requirements. In other words, these focused students are willing to sacrifice the breadth that is the hallmark of a WPI education for the narrow allure of a specialty. It is recommended that you steer these students toward our academic advising office. You can help by demonstrating to the students your own dedication to the broad education a world-class university affords. WPI’s general education requirements are not arbitrary. The requirements are the faculty’s recognition that a well-educated person is a broadly educated person.

Referrals:
WPI Academic Advising, 508-831-5381
WPI Career Development Center, 508-831-5260

John Forbes Nash, a notable mathematician, has made major contributions to game theory, garnering him a Nobel Prize in Economics. He is also the subject of the biography-turned-film A Beautiful Mind, which chronicles his adulthood experience with paranoid schizophrenia.
Recognizing and Responding to Students in Distress

The Student Who Is Disrespectful, Is Demanding, or Requires More Attention

In the course of teaching students, there are invariably some students whose personal styles create interpersonal difficulties for those around them. These students often present with a sense of entitlement, are unwilling to listen, cannot take “no” for an answer, exhibit disrespect or verbal abuse toward others, or act in a persistently demanding way.

Some students arrive on college campuses with interpersonal skills honed in a less stressful environment where less is expected of them and more support is available, or where they have not been allowed to act independently. Students may be used to operating in a smaller academic community, where it is easier to access needed information, parental figures are available to help, and much more of their life is structured for them. When faced with greater challenges in a larger community, students may find that they are overwhelmed and lack necessary skills to adroitly negotiate college situations.

Songwriter, bassist, and singer of the internationally popular rock band The Beach Boys, Brian Wilson co-wrote many hit singles in the 1960s, including, Surfin’ USA, I Get Around, Help Me Rhonda, Good Vibrations, Wouldn’t It Be Nice, and California Girls.

Beginning in the early 1970s, Wilson experienced depression and detachment from the world. He spent much of his time in his bedroom sleeping, taking drugs, and overeating. One doctor diagnosed him with schizoaffective disorder, bipolar type. After trying several different approaches over the years, Wilson has found balance using a mild combination of antidepressants, which enable him to record and tour again. In his memoir, Wouldn’t It Be Nice—My Own Story, he talks about his “lost years” with mental illness.
It is important to be aware of your own tolerance level and what you can offer the student on any particular day and time. If you are relatively free from other responsibilities at the moment, you may feel more able to respond. On the other hand, if the same student has returned for help day after day, or, for whatever reason, your own stress level is high, it might be advantageous to ask a colleague for help. With the help of a colleague it can sometimes be easier to set boundaries, to check lists of resources, to get another opinion on the level of the student’s distress, and to not carry the burden of a student whose needs are expressed in demanding or time-consuming ways. Developing a plan that will help the student acquire necessary skills may involve a variety of helpers, from academic, counseling, and other student services.

**Referrals:**
WPI Academic Advising, 508-831-5381
WPI Dean of Students Office, 508-831-5201
WPI Student Development & Counseling Center, 508-831-5540

**Resources:**
ULifeline fact sheets on issues students may be dealing with, including anxiety, depression, eating disorders, stress, alcohol abuse, etc.,
www.ulifeline.org/wpi
3.2 General Concerns

Comedian and actress Margaret Cho has won awards for her work both as an entertainer and as a pro-gay rights, feminist humanitarian. Cho has also faced substance abuse, anorexia, bulimia, and clinical depression.
Understanding and Supporting Lesbian, Gay, Bisexual, Transgender, and Questioning Students

Some of the key developmental tasks for college students include identity formation, establishing mature relationships, and learning to manage emotions. During this time our students may be questioning or exploring their sexuality and/or gender identity for the first time. This can be an exhilarating and liberating experience, but it may also be a terrifying and shame-ridden time. They may not have friends with whom they can openly discuss their sexuality or gender identity. Additionally, seeking support and validation from families may be difficult. In fact, lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students’ minority status may be completely invisible to those around them. These students can feel quite isolated and often are not sure where to find support. There are many ways to reassure a student that you are open to learning about them and who they are. Even a simple Safe Space or rainbow sticker displayed on an office window or bulletin board can help a student feel more welcomed and comfortable.

Winner of five Olympic medals in diving, Greg Louganis first experienced depression at age 12 when a doctor told him that because of knee damage, he would have to give up his dream of competing in gymnastics in the Olympics. Louganis attempted suicide by downing aspirin and Ex-Lax, trying again twice before the age of 18. He then discovered that diving—a sport less taxing for the knees—was a way for him to continue in sports. But Louganis felt acute insecurities and inner conflicts about being gay. In 1987 he found out that he was HIV-positive. For years, Louganis did not go public about his illness, fearing it would cost him his diving career. But he eventually did, and began speaking out about his life experiences and acting as a positive role model.
Sexual attraction and gender identity are separate aspects of human sexuality. Most professionals are familiar with lesbian, gay, and bisexual issues, but far fewer are well-educated about transgender issues. Sometimes transpersons even experience discrimination and stereotype within the LGBTQ community. Transgender is an umbrella term that refers to anyone who doesn’t fit the typical, traditional, binary gender categories or roles. This includes transsexuals, cross-dressers (in the past known as transvestites), gender queer persons (those who identify with both female and male or neither gender), and others. Gender comprises many dimensions—biology (chromosomes, anatomy, and hormones), identity (internal sense of self), and expression (modes of behavior, manner of dress).

Students who identify with a culturally non-dominant expression of their gender or sexuality may experience anxiety about what this may mean for them and how others will react if and when they choose to disclose or “come out.” Negative responses from others or the fear thereof, can lead to depression and shame. Conversely, when important others react positively, supportively, and in a trustworthy manner, the process of coming out can be affirming, strengthening, and relieving. Parents, Friends, and Families of Lesbians and Gays (PFLAG — link below) has several guides and tips on how to best aid someone through the coming out process. The most important thing to remember is to continually affirm your care and support for the individual and your willingness to learn more about this part of their life that they are taking a risk in choosing to share with you.
Referrals:
WPI Student Development & Counseling Center, 508-831-5540
Parents, Friends, and Families of Lesbians and Gays (PFLAG), www.pflag.org
World Professional Association of Transgender Health (WPATH), www.wpath.org
Advocates for Youth, www.advocatesforyouth.org

Resources:

Muffin Spencer Devlin, retired professional golfer who won the LPGA three times and whose coming out as a lesbian received mixed reactions, also lives with bipolar disorder. She hosts a charity event every year called the Muffin Spencer Devlin Mental Health Charity Classic, which benefits a mental health organization in Orange County, California.
The Student Facing a Cultural Transition

Students adjusting to a new country and a new academic environment may experience mild to severe culture shock. This is the feeling of not knowing what to do or how to do things in a new place, and not knowing what is appropriate or inappropriate. Culture shock generally sets in after the first few weeks of arrival. In the “honeymoon” stage, everything encountered is new and exciting. Later, as differences are experienced, a student may become confused, disoriented, and hesitant to ask for help assuming that everything should be second nature by then.

Some examples of symptoms:

• Sadness, loneliness, melancholy, unexplainable crying
• Preoccupation with health
• Aches, pains, and allergies
• Insomnia, desire to sleep too much or too little
• Feeling vulnerable, feeling powerless
• Anger, irritability, resentment, unwillingness to interact with others
• Identifying with or idealizing the old culture or country
• Trying too hard to absorb everything in the new culture or country
• Inability to solve simple problems, to work, or to study
• Feelings of inadequacy or insecurity, lack of confidence
• Developing obsessions, such as over-cleanliness
• Longing for family
• Marital or relationship stress
• Overeating or loss of appetite
• Social withdrawal
• Longing for family
You can help a student feel more comfortable in a new culture by being patient in communicating, enunciating and speaking clearly if clarification is needed, explaining different academic and social customs, and defining your role and expectations to allay uncertainties. Consider ways to include an international student in American customs and traditions such as Thanksgiving.

As a faculty member, you can be part of the process that enables a student to integrate both cultural background and personal strengths for success at WPI.

**Referrals:**
- WPI Dean of Students Office, 508-831-5201
- WPI International Students and Scholars Office, 508-831-6030
- WPI Student Development & Counseling Center, 508-831-5540
- WPI Student Support and Diversity Education, 508-831-5796

Artist Edvard Munch declared, “My art is rooted in a single reflection: why am I not as others are? Why was there a curse on my cradle? Why did I come into the world without any choice?” adding, “My art gives meaning to my life.” At about age 45, Munch experienced a profound depression and spent eight months in a sanatorium in Denmark.

After that episode, he stopped painting the anxiety-laden subject matter that had been central to his work and began painting everyday subjects, using the same vigorous brushwork and expressionistic colors, which may have been prophylactic.
The Student Seeking Spiritual Connection

The college years are a time of intellectual expansion as well as exploration of and experimentation with personal, spiritual, social, cultural, and political options previously not considered. This expansion, exploration, and experimentation are culturally conditioned by the time in which we live, a time of dramatic cultural shifts. Examples of shifts:

- The pervasive instability or collapse of nuclear families
- The testimony of many young adults that they have never witnessed a successful romantic relationship among older adults
- Distrust of social institutions such as government and churches, regardless of ideological leanings
- The sense among young people that they are the inheritors of massive social and political problems from their parents’ generation that they cannot ignore
- The launching of lone individuals into cyberspace by way of their computers
- An all-encompassing consumer culture offering an endless stream of products

Judy Collins, folk singer and songwriter, has battled alcoholism, panic attacks, bulimia, and bouts of depression during her 48-year career. She recently wrote a book, *Sanity and Grace: A Journey of Suicide, Survival and Strength*, which chronicles how she survived grief and depression after the suicide of her 33-year-old son.

“Staying un-depressed is really the big one, isn’t it?” she says. “That’s the key so we can go on.” Her approaches include daily regular exercise and meditation.
Those factors have influenced a wandering, seeker type of spirituality among students, who often describe themselves as being “spiritual but not religious.” Being spiritual connotes being on a quest, a journey, something not yet completed; whereas for many students “religion” means something fixed, completed, handed down. The journey of student spiritual development is at times a road replete with potholes, troublesome turns, and detours.

Students who seek spiritual connection may find themselves wrestling with a faith as they experienced it before college, exposure to different interpretations of their faith tradition, or attraction to another tradition altogether. Once they are confronted with a personal crisis, some students undergo a crisis of faith, a period of doubt and questioning as part of a reexamination of their spiritual and theological assumptions. These personal crises may include the death of a loved one, an unwanted pregnancy, divorce of one’s parents, or coming to terms with an emergent sexual identity.

Internal wrestling is normal. Such an experience, at its best, can lead to a much richer, fuller comprehension and practice of one’s faith. Conversely, some students experience a profound disorientation that can be cause for concern.

As a faculty member, you may notice . . .

• students becoming more absolutist in their assertions, especially where class subject matter intersects with faith/spiritual issues,
• previously engaged students becoming disinterested in classroom participation and assignments,
• withdrawal, or
• oppositional behavior in the classroom or in interactions with other students or yourself.

Franz Kafka’s writing was inspired and defined by his own anxiety and depression. He wrote of loneliness, frustration, oppression, anxiety, stress, and depression. Kafka considered writing to be his “form of prayer,” doubling as therapy. His best known works, *The Trial*, *The Castle*, and *Amerika*, were published posthumously, against his wishes that all manuscripts be destroyed after he died.
Recognizing and Responding to Students in Distress

The WPI Collegiate Religious Center, 19 Schussler Road, offers programs of worship, study, and interfaith dialogue. Chaplains affiliated with these communities are also available for pastoral counseling. In instances in which a student’s psychological and religious concerns are related, the Center can work in collaboration with The Student Development & Counseling Center.

**Referrals:**
WPI Collegiate Religious Center, 508-831-4174
WPI Student Development & Counseling Center, 508-831-5540

**Resources:**
Beliefnet.com—the largest spirituality website, independent and not affiliated with any spiritual organization or movement, offers multifaith perspectives and resources for those wishing to explore a particular faith or spiritual path. Diverse on-line forums discuss concerns encountered by many college students. Go to www.beliefnet.com


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Canadian singer-songwriter Alanis Morissette has won 12 Juno Awards and seven Grammys and has sold more than 55 million albums worldwide. While on tour to promote her platinum album, Jagged Little Pill, Morissette began to feel helpless. “Schedule-wise, my health and peace of mind weren’t a priority,” she said. “There had been this dissonance in the midst of all the external success. Because on the one hand, I was expected to be overjoyed by it, and at the same time I was disillusioned by it.”

To combat her depression, Morissette traveled to India and Cuba, read, competed in triathlons, and reconnected with friends. Feeling better within a year, she went on to produce a second hit album.
Students with Disabilities

The efforts of WPI to ensure that students with disabilities have equal opportunity are mandated by federal and state law. Just as important, the university values the members of our community with disabilities and is greatly enriched by their contributions to the intellectual and social life of the campus.

Students with disabilities are admitted using the same rigorous admissions standards as those who do not have disabilities. Once admitted, students are encouraged to work with the Office of Disability Services (ODS) to support their transition from high school to college and identify appropriate resources and supports. Many essential resources that students with disabilities have special access to in high school are built into general campus resources, such as the Academic Resources Center, the Student Development & Counseling Center, and Academic Advising services.

The primary function of the ODS is to approve reasonable accommodations to allow students equal access to the physical campus, housing, or the academic curriculum while maintaining academic standards and rigor. The ODS also supports students as an initial contact from which to begin developing their own support network and provides specialized transition support through an Early Move-in Program and peer-mentoring. It also provides a transition program for first year students with disabilities focused on developing self-advocacy skills, how to utilize accommodations, and adaptive skills necessary for college-level success.

Students with disabilities at WPI include a broad range of diagnostic categories. These categories are listed below in order of prevalence as represented in the disability community at WPI, from largest to smallest, with a few examples of specific diagnoses.

**Developmental Disabilities:** ADD/ADHD or Autism Spectrum Disorders

**Learning Disabilities:** Dyslexia, writing/reading-based, processing speed, visual special processing

**Medical:** Allergies, Chronic Illness (Crohn's Disease)

**Psychological:** Anxiety, Depression

**Physical Disabilities:** Chronic pain, concussion, broken bone

**Sensory Disabilities:** Low vision and blindness or hearing impairment and deafness

**Mobility Impairment:** Any person who has a temporary (injury) or permanent limitation to their mobility.

The diagnostic categories listed below are helpful tools in defining students’ functional limitations, but should not be used to define the students themselves. It is important to recognize that every student with a diagnosed disability will have a different level of


Functional limitation and their own unique sets of compensatory strategies. The ability to compensate for a disability will vary from one student to another and from one context to another. Accommodations are legally required to allow students to bridge the gap between their aptitude and achievement where compensatory strategies are not possible. These accommodations can take the form of extra time on exams, note taking–based modifications, or assistive technology.

Faculty awareness of the student’s legal right to accommodations and the faculty member’s responsibility to assist with providing accommodations is key to meeting the university’s compliance mandate. Information about a student’s disability must remain confidential and shared only for the purpose of providing accommodations. Instructors must take care not to make the disability status of the student known to fellow students except at the student’s request.

Students are often concerned that instructors will view accommodations as an advantage rather than as a modification made to address a limitation caused by a disability. An instructor can help normalize the accommodation process by inviting students with disabilities to meet privately, such as during office hours, to discuss accommodations and by including a statement in the course syllabus that encourages students to self-identify and request accommodations early in the semester.

English novelist and short story writer of the 19th century Charles Dickens is known to have had epilepsy and clinical depression. Some of his famous books and serials include A Christmas Carol, The Adventures of Oliver Twist, A Tale of Two Cities, Great Expectations, and David Copperfield. Through some of his characters, Dickens recorded his observations of epileptic seizures and their consequences. He realistically described the seizures experienced by three of his main characters: Monks, Guster, and Bradley Headstone.
Sample syllabus statement:

“If you need course adaptations or accommodations because of a disability, or if you have medical information to share with me that may impact your performance or participation in this course, please make an appointment with me as soon as possible.

If you have approved accommodations, please go to the Exam Proctoring Center (EPC) in Morgan Hall to pick up Letters of Accommodation for this term.

If you have not already done so, students with disabilities who need to use accommodations in this class are encouraged to contact the Office of Disability Services as soon as possible to ensure that such accommodations are implemented in a timely fashion. The ODS can be contacted at DisabilityServices@wpi.edu or 508-831-4908.

WPI’s Social Model of Disability Support

Since specific disabilities manifest into different functional limitations in different contexts, accommodations do not always apply the same way to each course or each student. Rather than focusing on a student’s diagnosis, we encourage faculty to focus on the functional limitations the student expects to be a factor in the course.

Sheryl Crow, singer-songwriter, winner of nine Grammy Awards, and political activist, has struggled with depression most of her life. As a child she would experience long periods of depression, sleep paralysis, and a fear that she would die during her sleep.

Of her chronic depression, she has said, “I grew up in the presence of melancholy . . . It is a shadow for me. It’s part of who I am. It is constantly there. I just know how, at this point, to sort of manage it.” Her depression is inherited. “It’s like a chemical thing in my family. My dad and I both have severe mood swings. We laugh about it, but we have really high highs and really low lows.”
Given the high aptitude of WPI students, we strive to do more than meet our legal obligation of accommodation and seek to support students in achieving to the fullest of their potential by creating a supportive and universally accessible learning environment. Universally designed environments and courses take time to develop.

Universal Design in Instruction (UDI) is an approach to teaching that incorporates inclusive instructional strategies in course design and delivery to benefit the broadest range of learners, thus minimizing the need for individual accommodations. Providing content in a variety of formats can improve learning for students with varying learning styles and cultural backgrounds. For example, providing captioned videos will give access not only to students who are deaf or hard of hearing, but also to those who have a more visual learning style or for whom English is not the first language.

To begin developing such an environment, it is simply a matter asking students and other faculty what has and has not worked for them in the past. Each new student is an opportunity to learn about ways to be more universally inclusive.

The table below compares two different philosophies of disability support and outlines the difference in perspective that can make a significant impact on students with disabilities, their classmates, project partners, and the WPI community at large.

<table>
<thead>
<tr>
<th><strong>Medical Model of Disability</strong></th>
<th><strong>Social Model of Disability Support</strong></th>
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</thead>
<tbody>
<tr>
<td>A person with a disability is an individual with a physical or mental impairment that <em>substantially limits</em> one of more major life activities. <em>(Americans with Disabilities Act – ADA)</em></td>
<td>The social model of disability identifies <em>systemic barriers, negative attitudes, and exclusion</em> by society (purposely or inadvertently). While physical, sensory, intellectual, or psychological variations may cause individual <em>functional limitation</em> or impairments, these do not have to lead to disability unless society fails to take account of and include people regardless of their individual differences.</td>
</tr>
<tr>
<td><strong>Definition:</strong></td>
<td></td>
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<tr>
<td><strong>Implications:</strong></td>
<td><strong>• Society is the main contributory factor in rendering a person’s functional limitation “disabling”</strong>&lt;br&gt;<strong>• Everyone has an opportunity to influence active participation and inclusion of others</strong>&lt;br&gt;<strong>• Disability is contextual and variable</strong></td>
</tr>
<tr>
<td>• The problem or disability lies solely with the person with a disability&lt;br&gt;• “Fixing” the impairment means changing the individual&lt;br&gt;• Disability is permanent and universally impactful in all contexts</td>
<td><strong>• The problem or disability lies solely with the person with a disability</strong>&lt;br&gt;<strong>• “Fixing” the impairment means changing the individual</strong>&lt;br&gt;<strong>• Disability is permanent and universally impactful in all contexts</strong></td>
</tr>
</tbody>
</table>
To learn more about how to support individual students with disabilities in your classes or how to design your course material and delivery to be universally inclusive, consider consulting with the Office of Disability Services and the Morgan Teaching and Learning Center.

**Office of Disability Services**
Daniels 137  
508-831-4908  
disabilityservices@wpi.edu  
www.wpi.edu/+disabilities

**Morgan Teaching and Learning Center**
Gordon Library, Room 302  
508-831-5707  
morgan-center@wpi.edu  
www.wpi.edu/+morgan

**Referrals:**
WPI Health Services, 508-831-5520  
WPI Office of Disability Services, 508-831-4908  
WPI Student Development & Counseling Center, 508-831-5540

**Resources:**
The Office of Student Disability Services has a faculty resource guide to provide insight into how each category of disability can affect a student and ideas for creating an accessible academic environment. It is located on the first floor of Daniels Hall, 508-831-4908.

*Dyslexia—Surviving and Succeeding at College*. Moody, Sylvia. 2007.

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Stephen Hawking’s book *A Brief History of Time* was an international bestseller, and Hawking has won numerous awards for his work on laws that govern the universe. He was the Lucasian Professor of Mathematics at Cambridge University in England.

At age 21, he was diagnosed with amyotrophic lateral sclerosis (ALS) and became depressed. His first wife says that about a year after his diagnosis “his personality was overshadowed by a deep depression” and “this revealed itself in a harsh black cynicism.” Hawking has experienced recurrent bouts of depression after that.
Medical/Health Excuses

Health Services does not provide medical excuses for students who have missed classes, exams, or due dates for papers or projects or share patient information with faculty. This longstanding policy is consistent with the recommendations of the American College Health Association, resembles those of most other major universities, and is supported by WPI's Dean of Students.

When a student is hospitalized or suffers a major illness or injury, and if the student requests assistance and provides consent, Health Services will contact WPI's Care Team and/or Academic Advising to help coordinate appropriate communication with the student's college and faculty.

The reasons for this policy are several, including our commitment to patient confidentiality, our role in educating students about appropriate use of health care, and our own finite resources. Students and faculty should resolve concerns that arise when illness interferes with academics with appropriate honesty and trust.

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Considered one of the greatest guitarists of all time, Eric Clapton was inducted into the Rock and Roll Hall of Fame three times, with the Yardbirds, Cream, and as a solo artist. Clapton was challenged by depression during three periods of major heartache in his life.

In the early 1970s he used a lot of drugs and fell into a depression when Duane Allman, Jimi Hendrix, and the grandfather who raised him died. Later, his unrequited love for George Harrison's wife, Patti Boyd, led him to drug addiction and depression. (He eventually married Patti after she divorced George.) Perhaps the worst heartbreak and subsequent depression experienced by Clapton was after the accidental death of his young son, which inspired him to write the song *Tears in Heaven*. 
The Student Who Is Managing Health Problems

Despite the fact that most college students arrive on campus as healthy young adults, an increasing number of students come to WPI with an existing history of health problems that may follow them throughout their time on campus. Others will develop significant illnesses or conditions while they are here. These health issues may be chronic, acute, or recurring; and individuals’ responses may vary tremendously. What may be a completely manageable situation for one student may pose significant challenge or chaos for another.

Regardless of the nature of the illness or condition, it may cause disruption in the student’s academic life. Something as common as an intestinal bug or seasonal flu can zap a student’s energy for a week or more. Other conditions, such as diabetes, migraines, mononucleosis, pregnancy, or an eating disorder, may require a much longer adjustment, support, or accommodation.

Faculty members and advisors will vary in their approach to talking with students about physical or mental health concerns, just as students will vary in their degree of openness about their health. It is important for all to understand that the student has a right to keep health information confidential and should never be asked to provide specific diagnostic or treatment information, or a medical excuse from a health care provider (see “Medical/ Health Excuses” on previous page).

One of the most influential composers of all time, Ludwig van Beethoven is believed to have had schizophrenia or bipolar disorder. Some say his “manic episodes” seemed to fuel his creativity and allowed him to break the mold for classical music forever. He wrote his most famous works during times of torment, loneliness, and psychotic delusions. The only drugs available then to bring some relief were opium and alcohol.

When his deafness became apparent, he wrote, “I joyfully hasten to meet death . . . for will it not deliver me from endless suffering?” In a letter to a friend, he referred to a two-year depression. The next year he begged Providence for “but one more day of pure joy.”
Missing classes, exams, and deadlines, while sometimes a symptom of poor prioritization or organization, also can be a sign of a serious health-related problem. Some faculty members understandably want someone else to distinguish a legitimate concern from a dishonest excuse. Unfortunately, shifting this to a health care provider damages patient confidentiality, reinforces inappropriate use of medical resources, and penalizes students who manage their illness through self-care. It also undermines the university’s expectations of student academic integrity.

When illness (or claims of illness) interferes with academics, faculty and students must resolve concerns with appropriate honesty and trust. A faculty member can express caring or unease, make referrals to advisors or services, or help a student assess the ability to follow through on academic commitments within a given timeframe. While meeting expectations is likely to be important (to both student and professor), providing flexibility where possible (and when fair to other students) will go a long way toward relieving pressure on the student and may assist him or her in healing/recovering more quickly.

If a student has not been seen by a health care provider and medical attention seems appropriate, encourage him or her to make an appointment with WPI Health Services by calling 508-831-5520. Information about hours, services, on-call providers, and resources is available at www.wpi.edu/offices/health.html.

**Referrals:**
WPI Health Services, 508-831-5520

**Resources:**
*Breathing Space.* Mitman, Gregg. 2007.
The Student Who Abuses Substance

Students who abuse alcohol or other drugs cause significant problems for themselves and those around them. Alcohol is the most commonly used substance among students and accounts for the majority of substance-related problems on campus. The level of alcohol and other drug use at WPI is similar to the national average. The use of prescription stimulants (such as Adderall or Ritalin) is frequently written about in the popular press. Students who do abuse prescription stimulants are significantly more likely to also abuse alcohol and other drugs. Research finds that 31 percent of undergraduates can be defined as meeting the criteria for substance abuse and 6 percent meet the criteria for dependency. While the level of abuse drops among graduate students, the rate of dependency does not.

As a faculty member, you may not always be sure of the cause, but you may notice the impact of students’ substance use on academic performance. This may look like irregular attendance, missed assignments, uneven class participation, and poor performance on papers, projects, and exams. If you were to confront a student about

Choreographer and dancer Alvin Ailey transformed the U.S. dance scene by founding the interracial Alvin Ailey American Dance Theatre in 1958. His company was one of the first integrated American dance companies to gain international fame.

Ailey struggled with drug abuse and bipolar disorder. His notebooks detail rambling plans and fears that he couldn’t maintain the choreography and financial fitness of his company. He tried to find refuge in drugs and alcohol; he died of an AIDS–related disease in 1989.

[Without proper counseling and medication, some people with mental illness turn to drugs and alcohol as self-medication, which only exacerbates the negative symptoms.]
your observations, the student might not make the connection between substance abuse and behavior. It is not uncommon for individuals to deny or minimize their struggle with substances. This is further complicated by the fact that substance problems often co-occur with other mental health problems such as depression, anxiety, eating disorders, and attention deficit/ hyperactivity disorder.

A faculty or staff member expressing concern for a student, regardless of the cause of the problem, can have a profound and positive impact on the student. It may serve as the catalyst for a student accessing help or recognizing that he or she needs a higher level of care.

Research regarding brief interventions indicates several effective strategies for initiating a conversation (with students, co-workers, family, or friends). The strategies can be effective even when the cause of the problem is not known.

**Broach the topic with permission**

Share your concern and ask permission to talk more: “I noticed that . . .,” or “I wonder if we could talk about . . .”

Ask permission to talk about the topic and explore the student’s concern with open-ended questions: “Would it be okay if we talked about . . .?” or “What concerns do you have about . . .?”

Provide room for disagreement: “I may be wrong but . . .”
Give examples, express concern, and connect to resources

It is most helpful to start by giving specific examples of what you have noticed and express concern about the student’s well-being:

“I’ve noticed that your grades are starting to slide and a peer mentioned...”

When talking about other services, try to provide a menu of options so that the student has choices. For alcohol and other drug concerns, this may include talking with a health provider, attending self-help groups like AA, getting individual or group counseling, or working to make changes on one’s own. More information on referrals is available at the end of this section.

Astronaut Buzz Aldrin, who flew to the moon in 1969, returned to Earth as an American icon. His new-found fame was hard for him to handle and led to depression and alcoholism. “Returning to Earth was challenging for me. I was a celebrity on a pedestal, and I had to live up to that. I had a very unstructured life. So the alcoholism and depression, which I inherited, were ripe to flourish,” he said.

“I realized that I was experiencing a melancholy of things done. I really had no future plans after returning from the moon. So I had to reexamine my life.” Many factors led to Aldrin’s recovery, among them therapy and Alcoholics Anonymous.
After providing a range of suggestions, ask for the student’s opinion of these options:

“What do you think?” or “Which of these do you believe might be most helpful to you?”

Emphasize personal control:

“Whatever you decide, it is ultimately up to you.”

Close positively and with the door open for further conversation

Affirm the student for speaking honestly with you: “I really appreciate your talking with me.”

Summarize a plan for change: “It sounds like you recognize that . . ., specifically you plan to . . .”

Keep the door open: “I’d really like to hear how things are going with you. Would you feel comfortable checking back?”

Part of being supportive for a student is ensuring accountability for behavior and class assignments. In some ways, the effects of substance problems can be fleeting and not often remembered. A poor grade is a tangible reminder of the impact that substance use can have on a student’s goals. In fact, it’s not uncommon for students to resist accessing or engaging with Health Services until they realize that their semester’s grades are unsalvageable.

**Referrals:**
WPI Health Services, 508-831-5520
WPI Student Development & Counseling Center, 508-831-5540

**Resources:**
National Institute of Alcohol Abuse and Alcoholism self-assessment, rethinkingdrinking.niaaa.nih.gov

The Verbally Aggressive and Potentially Violent Student

It is very difficult to predict aggression. When a student is faced with a frustrating situation that is perceived to be insurmountable, the student may become angry and direct that anger toward others. Yet, in spite of recent high-profile tragedies, a student acting out violently is a fairly rare event.

Developmentally, stressors may increase for a student who has coped marginally before leaving home. Additionally, the access to drugs or alcohol for some may increase the propensity for more aggressive behavior. Certain social situations also may elicit aggressive responses. In some cases, the aggression may be indicative of the onset of a mental health disorder.

Violence cannot be predicted, but there are some indicators that suggest a person may have the potential for violence. These include having a prior history of family violence or abuse, volatility, or inability to control aggressive impulses due to organic or learned behavior.

Unfortunately, in dealing with individuals, you do not always know the historical or immediate background of a particular student. Therefore, it is important to be able to understand your own sense of safety and to ask for assistance if you feel threatened.

Ted Turner, the yachtsman who won the America’s Cup in 1977, went on to become a media mogul, founder of CNN, and a philanthropist (he gave $1 billion to the United Nations). Sometimes described as a visionary who has been highly successful in so many varied endeavors, Turner has bipolar disorder.
What you can do:

- Use a time-out strategy; reschedule a meeting after the student has time to think.

- Stay calm and set limits (explain clearly and directly what behaviors are acceptable, e.g., “You certainly have the right to be angry, but breaking things is not OK”).

- Enlist the help of a co-worker (avoid meeting alone or in a private office with the student).

- If you feel it is appropriate to continue meeting with a distressed student, remain in an open area with a visible means of escape (keep yourself at a safe distance, sit closest to the door, and have a phone available to call for help).

- Assess your level of safety and be cognizant of your intuition. Call the WPI Police at 508-831-5433 if you feel the student may harm themselves, someone else, or you.

If there is an imminent threat of harm, call the WPI Police at 508-831-5555. Additionally, there may be protocols for dealing with urgent or emergency situations within your area — that you will want to familiarize yourself with, so that you are prepared when the need for this information arises.

Referrals:
WPI Police, 508-831-5433 — 508-831-5555 for emergencies
WPI Student Development & Counseling Center, 508-831-5540
3.3 Mental Health Concerns

Mike Wallace, a former co-anchor of 60 Minutes, informed millions of people with his documentaries. Over the course of his long career, Wallace experienced psychosomatic pain, severe depression, and suicidal thoughts.

The antidepressant Zoloft, combined with therapy, kept his depression under control. Wallace appeared in the 1998 HBO documentary *Dead Blue: Surviving Depression* and worked to destigmatize the illness.
What Is Mental Health?

To be emotionally healthy does not mean that one is consistently happy. Happiness, like most emotions, comes and goes. Emotional well being is recognizing that it’s normal to experience a range of emotions. It’s also normal to experience some degree of emotional suffering—we’ve all had bad days, experienced some loss or rejection. Yet people suffer more intensely when they feel they are alone in their struggles.

College students are particularly resourceful at finding ways to avoid certain feelings. Perhaps these are new emotions they never had to deal with—disappointment in their academic performance, break up with their first significant other. Yet when students don’t know how to handle their feelings, they often find ways to avoid them. Think of the student who is suddenly inspired to clean his apartment when feeling anxious about an upcoming exam. Sometimes students find other ways to avoid their emotions—playing video games, drinking, browsing the Internet, drugs, socializing, sleeping. While everyone needs to pause and take a break, excessive avoidance can impact one’s functioning.

Irving Berlin was one of the most prolific American songwriters in history, composing more than 3,000 songs, 17 film scores, and 21 Broadway scores. He left his mark in music history with songs such as *God Bless America* and *White Christmas*.

Berlin experienced bouts of depression throughout his life. “The trouble with success is that you have to keep being successful,” he said. He called the periods when he disliked everything he wrote and worried that he would never have another hit song “dry spells,” which he experienced through the late 1920s and early 1930s. Thirty years later, when he lived with a prolonged, severe depression, he told his family, “I should have gone to someone years ago. It’s too late now.”
What helps build emotional well-being?
• Learning to be flexible—things might not go as expected but it will be okay.
• Finding ways to self-soothe (coping skills)— exercising, enjoying friendships, connecting with others.
• Recognizing when someone else is suffering and showing interest and concern.
• Most of all, encourage students to see that seeking help is a sign of strength not weakness. After all, we are all in this together.

Referrals:
WPI Health Services, 508-831-5520
WPI Student Development & Counseling Center, 508-831-5540

Resources:
SDCC, www.wpi.edu/offices/sdcc.html
Active Minds — national organization empowering students to increase awareness about mental health and reduce the stigma to encourage help seeking, www.activeminds.org
Active Minds @WPI, www.wpi.edu/offices/sdcc/active-minds.html
American College Health Association, www.acha.org
APA's College Mental Health Page, www.healthyminds.org
Campus Health and Safety, www.campushealthandsafety.org
Half of Us, Information and true stories from young people facing distress and the stigma that comes with the challenge of a mental illness, www.halfofus.com
NAMI's Networking Site for Young Adults with Mental Illness, www.strengthofus.org
National Alliance on Mental Illness (NAMI), www.nami.org
Reach Out, www.reachout.com
Yellow Ribbon Suicide Prevention Program, www.yellowribbon.org
What Is Depression?

Students often experience symptoms of depression while trying to cope with the pressures of school, work, friends, and family. It can be difficult to refuel or regain energy to keep going. Regardless of their grades, students are equally vulnerable to depression and feeling overwhelmed.

It is normal for them to feel sad after a relationship ends, when someone they care about dies, or when they find themselves far from close friends and family. Stress can also leave them feeling overwhelmed and exhausted when facing a heavy work load, financial difficulties, or roommate problems.

These feelings usually pass, however, and they go back to experiencing good times with friends and family. But when the sadness doesn’t go away and begins to interfere with their overall well-being, they may want to consider being evaluated for depression.

When To Be Concerned

Below is a list of symptoms developed by the National Institute of Mental Health that may help clarify when to seek help.

- Persistent sad, anxious, or empty mood
- Feelings of hopelessness, pessimism, guilt, worthlessness, or helplessness
- Loss of interest or pleasure in ordinary activities, ranging from school work to relationships
- Sleep disturbances (e.g., insomnia or oversleeping)
- Eating disturbances (e.g., decreased or increased appetite and weight)
- Decreased energy and fatigue, and feeling slowed down
- Thoughts of death or suicide, with possible suicide attempts
- Increased restlessness and irritability
- Difficulty concentrating, remembering, and making decisions
- Physical symptoms—such as headaches, digestive disorders, and chronic pain—that don’t respond to medical treatment

It is important that a student keeps track of how long they have been experiencing feelings of depression. Counseling can sort things out, even if the student is just in a rut. You may want to suggest professional support if symptoms persist for several weeks, become more severe, or lead to self-destructive thoughts and behavior.

Resources:
Esperanza—Hope to Cope with Anxiety and Depression, www.hopetocope.com
Self-Assessment Program Online, www.mentalhealthscreening.org/screening/?keyword=WORCESTER
Understanding Major Depression and Recovery, www.nami.org
University of Michigan’s Depression Center, www.depressioncenter.org
Bipolar Disorder

Bipolar disorder, or manic depression, is an illness that causes extreme shifts in mood, energy, and functioning. These changes may be subtle or dramatic and typically vary greatly over the course of a person's life as well as among individuals. Approximately 4 percent of the population in the U.S. suffers from bipolar disorder. It affects men and women equally. Bipolar disorder is characterized by episodes of mania and depression that can last from days to months.

Bipolar disorder often begins in adolescence or early adulthood and occasionally even in childhood. Most people generally require some sort of lifelong treatment. While medication is one key element in successful treatment of bipolar disorder, psychotherapy, support, and education about the illness also are essential components of treatment.

A professor of psychiatry at Johns Hopkins University, Kay Redfield Jamison is the author of many books on mental illness. Jamison has bipolar illness herself and has attempted suicide. Her book *Touched With Fire* lists and describes many famous persons whose lives have been changed by bipolar illness. Another of her books, *An Unquiet Mind*, is a memoir of her own struggles with and triumphs over bipolar disease. Her story suggests that with lithium as regulator, psychotherapy as sanctuary, professional support, and love, bipolar illness can be managed.
What are the symptoms of mania?

Mania is the word that describes the activated phase of bipolar disorder. The symptoms of mania may include the following:

- Either an elated, happy mood or an irritable, angry, unpleasant mood
- Increased physical and mental activity and energy
- Racing thoughts and flight of ideas
- Increased talking, more rapid speech than normal
- Ambitious, often grandiose plans
- Risk taking
- Impulsive activity such as spending sprees, sexual indiscretion, and alcohol abuse
- Decreased sleep without experiencing fatigue
- Extreme agitation or aggressive behavior
- Hyper sexuality or sexual statements
- On occasion, psychotic symptoms including paranoia, hallucinations or delusions, especially of a paranoid or grandiose nature
What are the symptoms of depression?
Depression is the other phase of bipolar disorder.

Symptoms of depression may include the following:
- Loss of energy
- Prolonged sadness
- Decreased activity and energy
- Restlessness and irritability
- Inability to concentrate or make decisions
- Increased feelings of worry and anxiety
- Less interest or participation in, and less enjoyment of, activities normally enjoyed
- Feelings of guilt and hopelessness
- Thoughts of suicide
- Change in appetite or sleep (either more or less)

What are the causes of bipolar disorder?
The exact causes of bipolar disorder are not known. Most research points to an interaction of genetic factors, biochemical factors (imbalances in serotonin, dopamine, norepinephrine, and GABA), and life event stress (especially disruptions in daily routines, sleep/wake habits, and family functioning). There are other possible “triggers” of bipolar episodes: the treatment of depression with an antidepressant medication may trigger a switch into mania, sleep deprivation may trigger mania, or hypothyroidism may produce depression or mood instability. Bipolar episodes can and often do occur without any obvious trigger.

How is bipolar disorder treated?
Bipolar disorder is a treatable and manageable illness. After an accurate diagnosis, most people can achieve an optimal level of wellness. Medication is an essential element of successful treatment for people with bipolar disorder. In addition, psychosocial therapies including cognitive-behavioral therapy, interpersonal therapy, family therapy, and psycho education are important to help people understand the illness and to internalize skills to cope with the stresses that can trigger episodes. Changes in medications or doses may be necessary as well as changes in treatment plans during different stages of the illness.
Referrals:
WPI Health Services, 508-831-5520
WPI Student Development & Counseling Center, 508-831-5540

Resources:
National Institute of Mental Health: depression and bipolar support and education, www.nami.org
One Hundred Questions and Answers about (Bipolar Manic-Depressive) Disorder. Albrecht, Ava T., M.D., and Charles Herrick, M.D. 2007.
Self-Assessment Program Online, http://www.mentalhealthscreening.org/screening/?keyword=WORCESTER
Adapted from information from the National Alliance on Mental Illness (NAMI)
The Student Who Feels Suicidal

Suicide is the second leading cause of death among college students, killing more young people between the ages of 18 and 24 than all physical illnesses combined. Academic, financial, and social pressures can overshadow the quest for knowledge that can lead to a life of achievement, fulfillment, and happiness. Suicide attempts are often triggered by losses of important relationships or losses related to the hopes and expectations of the students, their families, or their communities.

Suicidal behavioral states are time limited. Suicidal thoughts occur when a path leading to a tolerable existence does not appear to be available. During the crisis, a person’s coping mechanisms are suspended. The rise in energy during the crisis, although signified by emotional turmoil, also can lead to the information, insight, and motivation necessary to resolve the conflict.

Some students who contemplate killing themselves have a mental illness and some do not. A percentage of suicides and attempts are impulsive. Students who are vulnerable to suicidal states may be more at risk during college years. Away from home, isolated from familiar support systems, and experiencing pressure to perform, these students may become overwhelmed and begin to feel hopeless about their present situation or

An accomplished author, essayist, and critic, Virginia Woolf was one of the 20th century’s most revered modernist literary figures. She also was the subject of countless cultural references including the popular film The Hours. Throughout her life she struggled with what is now considered bipolar disorder, enduring multiple suicide attempts and psychiatric hospitalizations.
future. Major mental illnesses can develop during a person’s early 20s; a student who is unaware of the cause of new-found symptoms may turn to suicide to end the confusion and pain.

A student may be contemplating suicide if you notice ruminating about suicide or see the student becoming increasingly isolated. Individuals are more at risk for suicide if there is a history of suicidality or major depression in their family or if they have had previous attempts. Additionally, students are at more immediate risk if they have a specific plan for suicide. Students are more likely to act on their hopeless feelings while under the influence of alcohol or drugs. A suicide note, email, video, or web page (e.g., on Facebook) should be considered as very worrisome, spurring faculty members to make an urgent referral.

Warning signs may include the following:

- Stress due to loss, illness, financial instability, academic difficulty
- Loss of interest in academics, missing class or assignments, failing exams
- Inability to concentrate
- Isolation, withdrawal from others and their support
- Deterioration in hygiene
- Change in eating or sleeping habits
- Presence of a plan to harm self
- Specific means available to carry out the plan

Amy Tan is the award-winning author of five New York Times bestsellers, including novel-turned-film The Joy Luck Club. She acknowledges a family history of depression and suicidal thoughts. Her personal experiences with both have led her to long-term psychiatric medication.
People who contemplate suicide are often ambivalent about killing themselves and are often willing to get help through counseling when a faculty member facilitates the process for them. Cryptic or indirect messages left by students should not be ignored. Some students who are severely depressed do not have the emotional energy to seek help and use cryptic messages to reach out, i.e., “I won’t be bothering you much longer,” “It’ll all soon be over,” or “Time is running out.”

Students who are feeling suicidal are often relieved when someone finally asks them, “Are you thinking of killing yourself?” They no longer have to struggle with their feelings alone. Asking them if they are suicidal will not “put the thought” into their head.

Students who are suicidal are helped by counseling and sometimes medication. Some may be hospitalized for a short time to enable medications to take effect, to ensure their safety in the short run, and to help them connect with resources to deal with the issues they face.

If you are concerned about immediate threats to safety, call 911 from a campus phone or the WPI Police at 508-831-5555.

Referrals:
WPI Health Services, 508-831-5520

Resources:
What Is Anxiety?

It’s important to understand that anxiety is . . .

- part of our natural physiology;
- the body’s way of increasing awareness of threat; much like fear, it is part of our natural defense system;
- triggered by a threat that can be real or imagined;
- something that often occurs around events we have little control over;
- not always a bad thing; in manageable amounts it can motivate us to excel, be cautious when appropriate, and provide greater self-awareness when something isn’t right;
- a problem when fear-driven thoughts or feelings interfere with our ability to perform or feel good about ourselves;
- a disorder that can take on many forms, such as phobias and obsessive-compulsive disorder (those struggling with it anxiety often avoid things that trigger the anxiety);
- overcome by continuing to engage in meaningful activities even if they cause anxiety.

Writer Leo Tolstoy had great energy for his creative projects, but he told a fellow writer, “There is no happiness in life, only occasional flares of it.”

While finishing his novel *Anna Karenina*, Tolstoy began to experience episodes of depression and contemplated suicide. But during this dark period, he found new meaning in Christianity and expressed his wish for “universal love and passive resistance to evil in the form of violence” in his writing.
Symptoms of anxiety
- Nervousness and tension; increased muscle tension and headaches
- Difficulty sleeping or staying asleep
- Excessive worrying or self-evaluation
- Loss of appetite or compulsive eating; bingeing to self soothe
- Knotted stomach; may also experience digestive issues due to long-term anxiety
- Difficulty breathing or very shallow breathing
- Dizziness
- Pounding heart
- Trouble concentrating

Panic attacks
Panic attacks are fairly common; about 10% of Americans experience them each year. Panic attacks (also called anxiety attacks), seem to come out of nowhere and can last a few minutes to several hours. Symptoms of panic attacks include the following:
- Racing heartbeat
- Chest pains
- Terror
- Fear of dying
- Dizziness or lightheadedness
- Nausea
- Flushed or chills
- Difficulty breathing
- Tingling or numbness
- Feelings of unreality
- Fear of losing control or doing something embarrassing
Panic disorder
- Panic disorder occurs when an individual experiences multiple panic attacks
- Approximately 2 percent to 5 percent of Americans have panic disorder
- Panic disorder often begins in early adulthood and affects women twice as often as it does men
- Treatment for panic disorder is counseling and possibly medication, which typically provides relief within six to eight weeks.

When to be concerned
The fight-or-flight response that creates anxiety and panic is normal when faced with a dangerous or threatening situation. When it continues in the absence of real danger you should explore the resources available to you that may help you cope with anxiety and/or panic.

Without the proper coping skills you may find it difficult to relax, difficult to concentrate, and a gradual or sudden increase in physical symptoms.

The 16th president of the United States, Abraham Lincoln is also often considered the greatest. Throughout his entire adulthood, he faced what is now considered clinical depression, characterized by anxiety attacks, frequent feelings of despair, and suicidal thoughts. Many scholars believe that Lincoln’s depression facilitated his contemplative and insightful nature, contributing to his overall efficacy as a leader. Lincoln historian Joshua Wolf Shenk wrote, “Lincoln didn’t do great work because he solved the problem of his melancholy; the problem of his melancholy was all the more fuel for the fire of his great work.”
Recognizing and Responding to Students in Distress

Referrals:
WPI Health Services, 508-831-5520
WPI Student Development & Counseling Center, 508-831-5540

Resources:
Anxiety and Panic Attack resource site: www.anxietypanic.com
Anxiety Disorders Association of America (ADAA): national, nonprofit organization dedicated to informing the public, providers, and policy-makers about anxiety disorders, www.adaa.org
Healthy Minds - The American Psychiatric Association - Information specific to the mental health wellness of college students: healthyminds.org
National Institute of Mental Health Topics on Anxiety: www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml
National Institute of Mental Health Topics on Panic Disorder: www.nimh.nih.gov/health/topics/panic-disorder/index.shtml
Online Screening for Anxiety: www.mentalhealthscreening.org/screening/?keyword=WORCESTER
Relief from Anxiety and Panic Attacks: www.wpi.edu/offices/sdcc/anx-relief.html

Frontman and bass guitarist of Fall Out Boy, Pete Wentz experienced anxiety and depression, which led to a suicide attempt. Now Wentz takes anti-anxiety meds.

“I secluded myself. I refused to get on airplanes or buses. I stopped talking to all of my friends completely. I pretty much broke down in front of everyone but in a very secretive way,” Wentz says of the depths of his anxiety and depression. “Sometimes in my head I find myself feeling guilty when I am happy, like it is something wrong or inauthentic.”
Post-Traumatic Stress Disorder

Living through any traumatic event, such as a natural disaster (e.g., hurricane, flood), physical abuse, sexual assault, war, or a severe car crash, can trigger feelings of helplessness and fear, sometimes leading to an anxiety disorder called post-traumatic stress disorder (PTSD). People with PTSD find it difficult to function in their daily life and may...

- have intrusive thoughts, memories, or bad dreams about the event,
- feel anxious, guilty, or depressed,
- feel numb and distance themselves from loved ones,
- replay the experience over and over in their mind.

While not everyone exposed to a traumatic event will experience PTSD, about 8 percent of the U.S. population will experience PTSD symptoms at some point in their lives. For students who are returning war veterans or who have experienced another traumatic event, the signs of PTSD may appear soon after the event or months or even years later. Those with PTSD may experience loss of memory about the traumatic event or focus on it considerably.

One of the founders of modern microbiology, Salvador Luria was a bacterial geneticist at MIT and won the Nobel Prize in Physiology or Medicine in 1969. In his autobiography, *A Slot Machine, a Broken Test Tube*, he discussed his experience with depression and psychotherapy.

Luria also was an outspoken political advocate, an opponent of nuclear weapon testing, and a protester of the Vietnam War. Later, he was involved in debates over genetic engineering, advocating a compromise position of moderate oversight and regulation rather than the extremes of a complete ban or full scientific freedom.
When to be concerned

PTSD sufferers may experience sleep problems, such as difficulty falling asleep and staying asleep, and turn to alcohol or other drugs and see their relationships deteriorate. PTSD can be one of the most difficult disorders to treat. The sooner it is recognized and treated, the more likely a person will experience relief from symptoms.

Referrals:
WPI Health Services, 508-831-5520
WPI Student Development & Counseling Center, 508-831-5540

Resources:
National Alliance on Mental Illness: www.nami.org
National Center for Post Traumatic Shock: www.ptsd.va.gov
National Institute of Mental Health: www.nlm.nih.gov/medlineplus/posttraumaticstressdisorder.html

Isaac Newton, the most famous mathematician of the 17th century, experienced several “nervous breakdowns” and was known for fits of rage toward people who disagreed with him. It appears that he had mild schizophrenia or bipolar disorder.

Newton’s mental illness seems to have inspired his discovery of calculus and the laws of mechanics and gravity. During a manic period in his early 20s, Newton worked night and day—often forgetting to sleep and eat—and made most of his important discoveries. But his insomnia and anorexia often induced periods of depression, and he had memory loss, confusion, and paranoia.

Newton’s choices for treatment included bloodletting, purging, potions of mixed sedatives, prayer, a walk in the woods, or a good book.
Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder is characterized by recurrent obsessions and/or compulsions that interfere substantially with how a person functions. Within any given year, approximately 1 percent of the U.S. population is believed to meet the criteria for OCD.

Obsessions are intrusive, irrational thoughts—unwanted ideas or impulses that repeatedly well up in a person’s mind. Again and again, the person experiences disturbing thoughts, such as “My hands must be contaminated; I must wash them” or “I may have left the gas stove on.” The person may be ruled by numbers, fears of harming others, or concerns with body imperfections. One one level, the sufferer knows these obsessive thoughts are irrational. But on another level, there is a fear that these thoughts might be true. Trying to avoid such thoughts create greater anxiety.

Compulsions are repetitive rituals such as hand washing, counting, checking, hoarding, or arranging. An individual repeats these actions in attempts to reduce the anxiety brought on by obsessions. People with OCD feel they must perform these compulsive rituals or something bad will happen. Most people occasionally have obsessive thoughts or compulsive behaviors. OCD occurs when the obsessions or compulsions are severe enough to cause serious distress, be time-consuming (compulsions occurring more than an hour each day), and interfere with daily functioning.

People with OCD often attempt to hide their problem rather than seek help. They are remarkably successful in concealing their obsessive-compulsive symptoms from friends and co-workers. An unfortunate consequence of this secrecy is that people with OCD generally do not receive professional help until years after the onset of their disease.

What causes OCD?

People from all walks of life can get OCD. Theories of how OCD has developed vary but suggest that individuals with OCD overestimate threats of harm and their likelihood of occurring, believe that having an unacceptable thought increases the likelihood of the thought actually occurring, and have very strong negative psychological and physiological reactions to a feared event occurring or to the possibility of it occurring.
What treatments are available for OCD?

The treatments found to produce the best results for OCD include exposure and ritual prevention and cognitive therapy. Exposure and ritual prevention expose the person to the thought or situation that produces the anxiety and then prevent the ritual response. Cognitive therapy is effective in addressing beliefs often found in OCD like having a thought is the same as performing an action, failing to prevent harm is the same as causing harm, and that one can control one’s thoughts. These approaches have been found to be effective in 75 to 85 percent of cases with strong relapse prevention.

Medication has also been used to treat OCD. Clomipramine and selective serotonin reuptake inhibitors (SSRIs) have shown to be effective in 60 percent of cases; however, up to 90 percent of individuals on medications relapse when the medications have been discontinued.

**Referrals:**
WPI Health Services, 508-831-5520
WPI Student Development & Counseling Center, 508-831-5540

**Resources:**


Adapted from information from the National Alliance on Mental Illness (NAMI)
Schizophrenia

Schizophrenia is a serious mental illness that affects well over two million American adults, about 1 percent of the population age 18 and older. Although it is often feared and misunderstood, schizophrenia is a treatable condition. Schizophrenia often interferes with a person’s ability to think clearly, distinguish reality from fantasy, manage emotions, make decisions, and relate to others. The first signs of schizophrenia typically emerge in the teenage years or early 20s, often later for females. Most people with schizophrenia contend with the illness chronically or episodically throughout their lives and are often stigmatized by lack of public understanding about the disease. Schizophrenia is not caused by bad parenting or personal weakness. A person with schizophrenia does not have a “split personality,” and almost all people with schizophrenia are not dangerous or violent toward others while they are receiving treatment.

Defensive end for the Green Bay Packers and winner of three Super Bowls, Lionel Aldridge later became suspicious of co-workers and heard incendiary voices in his head while he was a TV sportscaster.

He spent two years traveling around, staying in homeless shelters. Once Aldridge got the correct dose of medication, the frequency of the voices decreased and he was able to function well again. He became a board member of the Mental Health Association of Milwaukee County and a full-time speaker for the National Alliance on Mental Illness.
What are the symptoms of schizophrenia?

No one symptom positively identifies schizophrenia. Symptoms of this illness also can be found in other mental illnesses. For example, psychotic symptoms may be caused by the use of illicit drugs, may be present in individuals with Alzheimer’s disease, or may be characteristics of a manic episode in bipolar disorder. However, with careful assessment and understanding of the illness over time, a correct diagnosis can be made.

The symptoms of schizophrenia are generally divided into three categories—Positive, Negative, and Cognitive:

**Positive symptoms** include delusions and hallucinations. The person has lost touch with reality in certain important ways. “Positive” refers to having overt symptoms that should not be there. Delusions cause individuals to believe that people are reading their thoughts or plotting against them, others are secretly monitoring and threatening them, or they can control other people’s minds. Hallucinations cause people to hear or see things that are not present.

**Negative symptoms** include emotional flatness or lack of expression, an inability to start and follow through with activities, speech that is brief and devoid of content, and a lack of pleasure or interest in life. “Negative” does not refer to a person’s attitude but to a lack of certain characteristics that should be there.

**Cognitive symptoms** pertain to thinking processes. For example, people may have difficulty with prioritizing tasks, certain kinds of memory functions, and organizing their thoughts. A common problem associated with schizophrenia is the lack of insight into the condition itself. This is not a willful denial but rather a part of the mental illness itself. Such a lack of understanding, of course, poses many challenges for loved ones seeking better care for the person with schizophrenia.

What are the causes of schizophrenia?

Researchers still do not know the specific causes of schizophrenia. Research has shown that in certain types of schizophrenia, a CT scan of the brain is anomalous with non-schizophrenics. Like many other illnesses, schizophrenia seems to be caused by a combination of genetic vulnerability and environmental factors that occur during a person’s development. Recent research has identified genes that appear to increase risk for schizophrenia. These genes only increase the chances of becoming ill; they alone do not cause the illness. Research has shown a significant increase in risk of developing schizophrenia when one or both parents or sibling(s) has been diagnosed.
How is schizophrenia treated?

While there is no cure for schizophrenia, it is a treatable and manageable illness. However, people sometimes stop treatment because of medication side effects, lack of insight, disorganized thinking, or because they feel the medication is no longer working. People with schizophrenia who stop taking prescribed medication risk relapsing into an acute psychotic episode. It’s important to realize that the needs of the person with schizophrenia may change over time. Below are examples of supports and interventions:

**Hospitalization:** Individuals who experience acute symptoms of schizophrenia may require intensive treatment, including hospitalization. Hospitalization is necessary to treat severe delusions or hallucinations, serious suicidal thoughts, an inability to care for oneself, or severe problems with drugs or alcohol. Hospitalization may be essential to protect people from hurting themselves or others.

**Medication:** The primary medications for schizophrenia are antipsychotics. Antipsychotics help relieve the positive symptoms of schizophrenia by helping to correct an imbalance in the chemicals that enable brain cells to communicate with each other. As with drug treatments for other illnesses, many patients with mental illnesses may need to try several different antipsychotic medications before they find the one, or the combination of medications, that works best for them.
Recognizing and Responding to Students in Distress

**Therapy:** In spite of maintaining a medication regimen, many individuals with schizophrenia have persistent hallucinations and delusions that do not respond to further medication. Cognitive-behavior therapy for psychosis (CBTp) has been found to be effective in individuals learning to manage hallucinations more effectively, engaging in healthy behaviors, and maintaining important social connections.

**Family Support:** Caregivers benefit greatly from the National Alliance on Mental Illness (NAMI) Family-to-Family education program, taught by family members who have the knowledge and the skills needed to cope effectively with a loved one with a mental disorder.

**Referrals:**
WPI Health Services, 508-831-5520
WPI Student Development & Counseling Center, 508-831-5540

**Resources:**

*Canvas*, a film about schizophrenia and family relationships, [www.canvasthefilm.com](http://www.canvasthefilm.com) Adapted from information from the National Alliance on Mental Illness (NAMI)

National Institute of Mental Health: information from the NIH institute on schizophrenia, [www.nami.org/schizophrenia](http://www.nami.org/schizophrenia)


Attention-Deficit/Hyperactivity Disorder (ADHD)

Attention-deficit/hyperactivity disorder is characterized by inattention, hyperactivity, and impulsivity. The most commonly diagnosed behavior disorder in young persons, ADHD affects an estimated 3 to 5 percent of young people. Although ADHD is usually diagnosed in childhood, it is not limited to children—ADHD often persists into adolescence and adulthood and is frequently not diagnosed until later years.

Strong scientific evidence supports the conclusion that ADHD has a biological basis. National Institute of Mental Health researchers using PET scans have observed significantly lower metabolic activity in regions of the brain controlling attention, social judgment, and movement in people with ADHD than in people without the disorder. Biological studies also suggest that children with ADHD may have lower levels of the neurotransmitter dopamine in certain regions of the brain. Evolutionarily, some theorists suggest that the high responsiveness to stimuli and impulsivity of ADHD is the legacy of “hunter” ancestors (as opposed to “farmers”) and that modern society has moved further away from “hunter” style tasks leading to the relabeling of this once adaptive way of being as problematic.

There are actually three types of ADHD, each with different symptoms: predominantly inattentive, predominantly hyperactive/impulsive, and combined. The most common type of ADHD has a combination of the inattentive and hyperactive/impulsive symptoms.

Those with the predominantly inattentive type often . . .

- fail to pay close attention to details or make careless mistakes in schoolwork, work, or other activities,
- have difficulty sustaining attention to tasks or leisure activities,
- do not seem to listen when spoken to directly,
- do not follow through on instructions and fail to finish schoolwork, chores, or duties in the workplace,
- have difficulty organizing tasks and activities,
- avoid, dislike, or are reluctant to engage in tasks that require sustained mental effort,
- lose things necessary for tasks or activities,
- are easily distracted by extraneous stimuli and are forgetful in daily activities.
Those with the predominantly hyperactive/impulsive type often . . .

- fidget with their hands or feet or squirm in their seat,
- leave their seat when remaining seated is expected,
- move excessively or feel restless during situations in which such behavior is inappropriate,
- have difficulty engaging in leisure activities quietly,
- talk excessively and blurt out answers before questions have been completed,
- have difficulty awaiting their turn and interrupt others.

**Referrals:**
WPI Office of Disability Services, 508-831-5381
WPI Student Development & Counseling Center, 508-831-5540

**Resources:**
*ADHD in Adults*. Barkley, Russell, Kevin Murphy and Mariellen Fischer. 2008.


Adapted from information from the National Alliance on Mental Illness (NAMI)

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Actor, singer, songwriter, and musician Zooey Deschanel has attention deficit disorder. Born in 1980, her first film debut was at the age of 19 and followed by supporting roles in popular films including *The Good Girl, Elf, The Hitchhiker’s Guide to the Galaxy*, and *Failure to Launch*. 
Autistic Spectrum/Asperger’s Syndrome (AS)

The Autistic spectrum is a cluster or continuum of similar behavioral presentations of varying severity. High functioning individuals on the autistic spectrum (often referred to as having Asperger’s Syndrome) often have unusually strong, narrow interests and average to superior intellect. Many students on the spectrum will not self-identify and of those who do, not all will require formal classroom accommodation. Some people diagnosed on the spectrum identify positively with their diagnosis and don’t understand why “neuro-typicals” take issue with any of their communication or behavioral habits. Individuals on the spectrum are most comfortable with predictable routine; conversely they may be quite disturbed by changes in familiar and expected routines, whether in or outside the classroom.

Author and speaker on autism, Temple Grandin didn’t talk until she was three and a half and communicated by screaming, peeping, and humming. She was labeled “autistic,” and her parents were told she should be institutionalized. She tells of “groping her way from the far side of darkness” in her book Emergence: Labeled Autistic. She says that many parents and even professionals still don’t realize that autism can be modified and controlled.

Grandin was lucky; she found a mentor who recognized her abilities, which she developed further to become successful at designing humane livestock handling equipment. She says that autism helps her see things as animals do. Grandin is on the faculty of Colorado State University. Her latest book is The Way I See It.
When in distress, a student on the spectrum may miss classes or assignments and then not communicate about those absences or missed work. The student may appear agitated or anxious and become argumentative or exhibit angry outbursts. Some students may appear more disheveled and engage in self-soothing behaviors.

As a faculty member, you can support a student on the spectrum by providing advanced notice when changes are anticipated. Be sure to allow for one or more short breaks in classes that are longer than 50 minutes. Take the time to assist the student with understanding assignments and academic expectations.

Students on the spectrum are subject to the same regulations governing student conduct that apply to all other students of the university. If inappropriate behavior occurs, address it in private. Describe the behavior and desired change as well as logical consequences if it continues. Students on the spectrum often don’t realize when they are being disruptive.

Ask how the student would prefer you to address behavioral issues in class. For example, establish a cue to use when the student is monopolizing class time that will remind the student to stop the behavior.

While everyone is different, students on the spectrum may exhibit deficits in one or more domains of language and communication, social interaction, and behavior. Some individuals will also have associated conditions. Common characteristics of individuals on the spectrum are as follows:

Language/communication:
- Very literal—doesn’t understand metaphors, idioms, hyperbole
- Doesn’t get jokes, nuance, subtleties of language
- Uses odd phrases
- Doesn’t understand gestures, facial expressions, or voice tones/inflection
- Difficulty modulating own voice (often loud)
- Difficulty understanding instructions (but may appear to understand)
- Talks about what the student knows, usually facts
Social interaction:
- Has difficulty making eye contact
- Seems distant or detached
- Finds it difficult to make friends, prefers to spend time alone
- Has difficulty initiating, maintaining, and ending a conversation
- Doesn’t understand social norms, mores, cues, or concept of personal space
- Doesn’t understand other people’s emotions
- Has difficulty managing own emotions

Alexander Graham Bell is thought to have had autistic traits, which may have augmented his intense scientific investigations. Both his mother and his wife were deaf, which led him to research hearing and speech and to experiment with hearing devices. Bell was awarded the first U.S. patent for the telephone in 1876 when he was 29 years old. Later in life, he did groundbreaking work in hydrofoils and aeronautics, and became one of the founding members of the National Geographic Society.
Behavior:
- Interrupts the speaker; attempts to monopolize conversation
- Becomes tangential in answering questions
- Engages in self-stimulating behavior (rocking, tapping, playing with “stress toys”)
- Displays poor self care (eating, sleeping, appearance, or hygiene)
- Has rigid fixation on certain concepts, objects, patterns, actions (e.g., music, art, math, science)
- Has reactions to sensory assaults; unable to filter out offensive lights, sounds, smells, tastes, touch
- May be argumentative
- Displays stalking tendencies

Associated features/comorbidity:
- Motor clumsiness, fine-motor impairment, dysgraphia
- Difficulty with visual processing, dyslexia
- Deficits in organizing and planning (“meta-cognitive” deficits)
- Depression
- Attention-Deficit Disorder
- Obsessive-Compulsive Disorder

Referrals:
WPI Office of Disability Services, 508-831-5381
WPI Student Development & Counseling Center, 508-831-5540

Resources:
Eating Disorders

While each disorder has its own unique symptoms, it is possible to have a mixed group, such as anorexia nervosa with purging. Eating disorders are not just about the struggle with food. They are about feelings of powerlessness, low self-esteem, and an exhausting drive toward perfection and control. Eating disorders are characterized by a rigid focus on weight, body shape, fat, and food. They can occur at any age, but they commonly begin during the teen years.

Attending college can be a major stressor for someone battling an eating disorder. The pressure to fit in and make new friends is accompanied by societal pressures that define attractive as thin. This can lead both men and women to strive for a body weight that is unnatural and unhealthy. While they are serious and can have life-threatening consequences, eating disorders can be resolved with the help of a qualified counselor.

The following are basic definitions and symptoms provided by the National Eating Disorder Association (NEDA).

**Anorexia nervosa** is characterized by self-starvation and excessive weight loss. Some symptoms:

- Refusal to maintain body weight at or above a minimally normal weight for height, body type, age, and activity level
- Extreme concern with body weight and shape; feeling overweight despite dramatic weight loss
- Loss of menstrual periods

**Bulimia nervosa** involves eating large amounts of food—more than most people would eat in one meal—in short periods of time, then getting rid of the food and calories through vomiting, laxative abuse, or over-exercising. Symptoms include the following:

- Repeated episodes of bingeing and purging
- Feeling out of control during a binge and eating beyond the point of comfortable fullness
- Purging after a binge, typically by self-induced vomiting, abuse of laxatives, diet pills or diuretics, excessive exercise, or fasting
- Frequent dieting
- Extreme concern with body weight and shape

Binge eating disorder (also known as compulsive overeating) is characterized primarily by periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling comfortably full. While there is no purging, there may be sporadic fasts or repetitive diets and often feelings of shame or self-hatred after a binge. People who overeat compulsively may struggle with anxiety, depression, and loneliness, which can contribute to their unhealthy episodes of binge eating. Body weight may vary from normal to mild, moderate, or severe obesity.
Other eating disorders can include some combination of the signs and symptoms of anorexia, bulimia, or binge eating disorder. While they may not be clinically considered full syndrome eating disorders, these behaviors can still be physically dangerous and emotionally draining. All require professional help.

When to be concerned

If you have any suspicion that a student has — or may be developing — an eating disorder, treatment is recommended to avoid worsening symptoms.

Questions students should ask themselves:

- Do you weigh yourself often and may be obsessed with the number on the scale?
- Do you constantly track calories?
- Do you ever feel out of control when you are eating?
- Are you practicing extreme dieting?
- Do you secretly binge?
- Are you worried about your weight, shape, or size of your body?
- Is your identity based on how you look and how much you weigh?

If you answered “yes” to any of these questions, you may be developing patterns that could lead to a more serious eating disorder.

Elton John is responsible for more than 50 Top 40 hits, is a winner of five Grammy Awards, is an inductee into the Rock and Roll Hall of Fame, and was knighted by the British monarch for his achievements. During his long career, he has faced substance abuse, bulimia, and depression.
General signs and symptoms of an eating disorder

Since symptoms of an eating disorder vary, the list below includes signs from the entire spectrum of eating disorders. All of them will not apply to any one person at the same time.

**Weight and body:**

- Dramatic fluctuations in weight in short time periods; conspicuous weight loss or extreme thinness
- Overconcern with weight and shape or size of body
- Inability or refusal to maintain a healthy weight
- Feeling fat or obese, even when weight is below average
- Amenorrhea

**Food and eating:**

- Consumption of large amounts of food or calories inconsistent with the student’s energy needs
- Unusual eating habits; eating rituals; unusual compulsive behaviors, especially with food
- Eating to feel better or to provide a sense of security or comfort
- Abuse of laxatives, diet pills, diuretics, exercise, self-induced vomiting, severe caloric restriction, “fat phobia”, or repeated days of fasting
Feelings and behavior:

- Depressed mood, low self-esteem, self-deprecating thoughts, mood swings
- Withdrawal from people and activities; especially avoidance of situations associated with food
- Perfectionistic, oversensitive to criticism
- Controlled behavior: hides feelings, hard to get to know
- Limited tolerance of others
- Excessive alcohol or drug use or other self-destructive behavior
- Preoccupation with the eating behaviors of others
- Talking constantly about food, weight, and diets

Some of the symptoms associated with eating disorders are significant weight loss, inability to concentrate, chronic fatigue, decreased strength of immune system and susceptibility to illness, an obsession with food that dominates the student’s life, extreme moodiness, excessive vulnerability to stress, tendency to socially withdraw, repetitive injuries and pain from compulsive exercise, and excessive perfectionism or rigidity.

Depression, anxiety, and substance abuse often accompany eating disorders. Many students with eating disorders also practice self-injury or consider suicide. If a student’s eating disorder jeopardizes physical and emotional health, the student may need to leave school and enter intensive treatment.

Referrals:
WPI Health Services, 508-831-5520
WPI Student Development & Counseling Center, 508-831-5540

Resources:
About-Face, www.about-face.org
Massachusetts Eating Disorder Association (MEDA), 1-866-343-MEDA, www.medainc.org
National Eating Disorders Association (NEDA), 800-931-2237, www.nationaleatingdisorders.org
Online Self-Assessment Tool, www.mentalhealthscreening.org/screening/?keyword=WORCESTER
The Eating Disorder Foundation, www.eatingdisorderfoundation.org
Self-injurious Behavior

What is self-injury?

Self-injury refers to a variety of behaviors in which an individual intentionally inflicts harm to their body for purposes that are not socially recognized and often without suicidal intent. Self-injury is sometimes called “self-harm,” “self-mutilation,” or “non-suicidal self-injurious behavior (NSIB).” Self-injury can involve a variety of behaviors, but is most commonly associated with intentional cutting or carving of the skin, scratching, burning, ripping or pulling hair, biting, hitting, self-bruising, swallowing toxic substances and/or interfering with the healing of wounds. The rate of self-injury is reported to be approximately 17% among college students.

Actor Brittany Snow, best known for her parts in Hairspray and Prom Night, has dealt with a serious eating disorder and cutting herself.

When she was 15 years old, she was weighing herself 10 to 15 times a day and weighed only 85 lbs. “I knew that was a really low number and I knew that my hair was falling out and I had really weird skin. My face looked really weird and I was always cold,” she remembers.

Snow hit rock bottom when she began cutting herself. ”I would look at the scars and what I had done to myself and that would convince me not to eat,” she says. “I also was crying for attention and I also really wanted someone to see my scars and help me.” By the time she was 19, Snow was in rehab and she stopped cutting, but says the eating disorder “is still hard to deal with.”
Self-injury can be a way of coping with problems. It is a way of expressing and dealing with deep distress and emotional pain that may not be understood by those on the outside. Often the act of hurting oneself makes the individual feel better for a brief amount of time. Self-injury can be understood to help an individual deal with affect regulation, serve as a way to communicate internal pain and suffering, help the individual establish control or serve as punishment for feeling or thinking a certain way. While self-injury is not directly associated with suicide, for some individuals who self-harm the behavior can help avoid suicidal thinking or urges.

When to be concerned

Self-injury can be difficult to detect and intervene since the practice is often secretive and involves parts of the body that can be relatively easy to hide. However, there are some red flags you can look out for.

- Unexplained wounds or scars from cuts, burns, or other similar clusters of markings on the skin, usually on the wrists, arms, thighs or chest
- Inappropriate dress for the season (consistently wearing long sleeves or pants in the summer)
- Constant use of bandages or covers
Recognizing and Responding to Students in Distress

- Frequent “accidents”. Someone who self-injures may claim to be clumsy or have many mishaps in order to explain away injuries.
- Unwillingness to participate in activities that may require less body coverage such as swimming or gym class.
- Blood Stains on clothing, towels, etc. or blood-soaked tissues.
- Sharp objects or cutting instruments that seem odd or unexplainable such as razors, knives, needles, etc.
- Needing to be alone for long periods of time especially in bathroom or bedroom.
- Heightened signs of depression, anxiety, or isolation and irritability.

Creating a safe environment is critical for self-injurious young adults. The often intensely private and shameful feelings associated with self-injury often prevent many individuals from seeking treatment. It is important to not judge or criticize an individual who may confide in you, but offer support and encourage communication. Evasive responses from those who are engaging in self-harm are common, but it is important to note that often showing genuine concern for their well-being is what many self-injurers seek. This can be an uncomfortable topic, dealing with your own emotions and learning about the problem are critical ways to overcome any discomfort talking about self-injury and help in understanding what the individual may be going through.

**Referrals:**
WPI Health Services, 508-831-5520
WPI Student Development & Counseling Center, 508-831-5540

**Resources:**
Cornell Research Program on Self-Injurious Behaviors, selfinjury.bctr.cornell.edu
Mental Health America, www.mentalhealthamerica.net
S.A.F.E. Alternatives (Self-Abuse Finally Ends), www.selfinjury.com, 1-800-366-8288
What is Alcohol Abuse?

Alcohol abuse poses a variety of potential problems, especially for college students. Taking the initiative to seek out this information, which will help you become more knowledgeable and responsible in dealing with alcohol, reveals a great deal of character and maturity.

Facts about alcohol

The effects of alcohol are measured by blood alcohol content (BAC)—the percent of alcohol per 100 milligrams of blood. For example, .20 BAC is 2 parts alcohol to 1000 parts blood. Following are examples of the effects of various BAC levels.

.02 — Mellow feeling. Slight body warmth. Less inhibited. It is illegal for those under 21 to drive at this level of BAC, and can lead to a revoked license.

.06 — Judgment is somewhat impaired. People are less able to make rational decisions about their capacities.

.08 — Definite impairment to driving and illegal in Massachusetts.

.10 — Reaction time and muscle control are impaired. Noisy. Mood swings. Possibly embarrassing behavior.

.20 — Likely alcohol blackout, resulting in person being unable to recall what happened while intoxicated.

More factors that influence the effects of alcohol:

- What and how much is eaten prior to drinking
- Many prescription medications increase health risk if taken with alcohol
- Same may be true for over-the-counter cold and allergy medications and pain killers

What is alcoholism?

Alcoholism is the term used when the body has become dependent on alcohol. This dependency can result in the following:

- Cravings, a strong need to drink
- Loss of control, inability to stop when intended
- Physical dependence; stopping drinking might cause sweat or nausea
- Tolerance; the body will increasingly need more alcohol to achieve the same effect
Recognizing alcohol poisoning

No college student wants to think about alcohol poisoning—let alone experience it. It can, however, be a reality when people consume too much alcohol. Specific signs of alcohol poisoning include the following:

- Mental confusion, stupor, coma, unresponsiveness
- Vomiting
- Seizures
- Slow breathing (fewer than eight breaths a minute)
- Irregular breathing (10 seconds or more between breaths)

When to be concerned

Below is a list of symptoms developed by the National Institute of Mental Health that may help clarify when to seek help.

- Persistent sad, anxious, or empty mood
- Feelings of hopelessness, pessimism, guilt, worthlessness, or helplessness
- Loss of interest or pleasure in ordinary activities, ranging from school work to relationships
- Sleep disturbances (e.g., insomnia or oversleeping)
- Eating disturbances (e.g., decreased or increased appetite and weight)
- Decreased energy and fatigue, and feeling slowed down
- Thoughts of death or suicide, with possible suicide attempts
- Increased restlessness and irritability
- Difficulty concentrating, remembering, and making decisions
- Physical symptoms—such as headaches, digestive disorders, and chronic pain—that don’t respond to medical treatment

**Resources:**
Staff members at the SDCC are always willing to speak with students in a professional, non-judgmental—and, of course, confidential—way at no cost to you. Services at WPI include the following:

- AlcoholEdu, a personal prevention program for first year students that helps them practice safer decision making about alcohol
- Individual counseling, an honest conversation about alcohol use with a counselor at the SDCC followed by goal setting to develop healthy lifestyle skills
- BASICS, a two-part self assessment, encouraging students to reflect honestly on their use of alcohol and explore the possibility of change
- Consultation for concerned friends and staff, a confidential discussion about others’ use of alcohol and what can be done to support someone

**Online support:**
- Online Screening for Alcohol: www.mentalhealthscreening.org/screening/?keyword=WORCESTER
- Al-Anon Family Group Headquarters: www.al-anon.alateen.org
- Alcoholics Anonymous: www.aa.org
- American Psychiatric Association: www.healthyminds.org
- National Coalition of Alcoholism and Drug Dependence: www.ncadd.org
- Treatment4Addiction: www.treatment4addiction.com
- Ulifeline: www.ulifeline.org
- U.S. Dept. of Health and Human Services: www.stopalcoholabuse.gov
Recognizing and Responding to Students in Distress

What Is Grief?

- Losing a loved one is hard to imagine at any point in a person’s life, especially during college years.
- Grieving is more intense when the loss seems unusual for the stage of life we are in—and when the person who has died is very significant.
- It can become hard to relate to friends because they are less likely to have experienced the same kind of loss at that point in their lives.
- Grieving is a natural response to other losses as well: the end of a relationship, moving to a new community, the loss of a pet, a life threatening illness, or the loss of a much anticipated opportunity.
- College is a difficult environment to experience loss; some students may choose to distract themselves with activities to avoid experiencing the emotions associated with grief.
- It is normal to experience a range of emotions in response to loss.
- Grieving can free up energy that is associated with that person, object, or experience; until people grieve they may be unable to redirect that energy elsewhere, as a part of them is still tied to the past.
- Grieving is not the same as forgetting or drowning in tears; it allows a person to remember the loss peacefully.

Factors that may hinder the healing process include avoidance or minimization of one’s emotions, turning to alcohol or drugs to self-medicate, and immersing one’s self in work to avoid feelings.

The grieving process usually consists of five stages, though not everyone experiences all.

**Denial, numbness, and shock.** Protects the individual from experiencing the intensity of the loss.

**Bargaining.** Involves reflecting about what could have been done to prevent the loss, preoccupation with ways that things could have been better, and imagining all the things that will never be.

**Depression.** May follow after recognizing the true extent of the loss; some individuals may
experience the following symptoms (for many, this phase must be experienced in order to begin reorganizing one’s life):

- Sleep and appetite disturbance, lack of energy and concentration, and crying spells
- Feelings of loneliness, emptiness, isolation, and self-pity, contributing to this reactive depression.

**Anger.** Occurs when an individual feels helpless and powerless, and results from feeling abandoned.

**Acceptance.** Comes with time; healing occurs when the loss becomes integrated into the individual’s life experiences. There is a return to earlier feelings throughout one’s lifetime.

**When to be concerned**

Watch for any destructive coping habits such as drug and alcohol abuse, withdrawal or isolation, and lashing out at others. Be especially vigilant for signs the person may be considering suicide, especially if they are grieving a death from suicide. It is important to remember, however, that it is completely normal to struggle with loss in some way and the goal is to make sure the person stays safe as they move through this difficult period.

If you are concerned about someone, depending on the relationship and what boundaries are appropriate, take action such as calling, sending a card, sharing a hug, or attend the funeral or memorial services. Be available, and allow the person to talk without being judgmental on your part. Be a good and patient listener; avoid clichés such as “You have to move on” or “It’s for the best.” Do encourage the person to take care of him or herself. And always recognize your own limitations—some situations are hard to handle and may require professional assistance.

**Resources:**

If students are struggling with grief or loss, the Student Development & Counseling Center (SDCC) can provide confidential counseling to help guide them to recovery. The SDCC is open Monday through Friday from 8 a.m. to 5 p.m. Stop by or call +1-508-831-5540 to schedule an appointment.

The focus of grief counseling is on providing support through the grieving process. There is no right way to grieve, and it can be a slow and emotional process. The aim of counseling is to . . .

- understand that loss and grief are a part of life,
- learn to accept the loss by gaining a new perspective,
- provide the skills necessary to cope with the loss,
- lead to psychological growth.

**Online Support:**
National Students of Ailing Mother’s and Father’s Support Network

**Publications:**

What About Sleep Difficulties?

Students often experience symptoms of depression while trying to cope with the pressures of school, work, friends, and family. It can be difficult to refuel or regain energy to keep going. Regardless of their grades, students are equally vulnerable to depression and feeling overwhelmed.

It is normal to feel sad after a relationship ends, when someone you care about dies, or when they find themselves far from close friends and family. Stress can also leave them feeling overwhelmed and exhausted when facing a heavy work load, financial difficulties, or roommate problems.

These feelings usually pass, however, and students go back to experiencing good times with friends and family. But when the sadness doesn't go away and begins to interfere with their overall well-being, they may want to consider being evaluated for depression.

When to be Concerned

Below is a list of symptoms developed by the National Institute of Mental Health that may help clarify when to seek help.

• Persistent sad, anxious, or empty mood
• Feelings of hopelessness, pessimism, guilt, worthlessness, or helplessness
• Loss of interest or pleasure in ordinary activities, ranging from school work to relationships
• Sleep disturbances (e.g., insomnia or oversleeping)
• Eating disturbances (e.g., decreased or increased appetite and weight)
• Decreased energy and fatigue, and feeling slowed down
• Thoughts of death or suicide, with possible suicide attempts
• Increased restlessness and irritability
• Difficulty concentrating, remembering, and making decisions
• Physical symptoms—such as headaches, digestive disorders, and chronic pain—that don’t respond to medical treatment

It is important to be aware of how long they have been experiencing feelings of depression. Counseling can help them sort things out, even if they are just in a rut. They may want to seek professional support if their symptoms persist for several weeks, become more severe, or lead to self-destructive thoughts and behavior.
traumatic experiences

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The Student Who Is Experiencing A Family Crisis

Studying far away from family can be stressful for some students. This stress is compounded when a family encounters a crisis. Crises can include divorce, death, the loss of a job, financial hardship, physical and mental illness, legal trouble, or anything that disrupts a family’s normal functioning. Academic performance can easily suffer when a student’s attention is divided between responsibilities to family and school.

What constitutes a “family” for many students may not fit the Western European/North American nuclear ideal. Many cultures define “family” more broadly than one’s immediate blood relatives. Some families require older children to take on some of the financial and decision

American poet, essayist, journalist, and humanist Walt Whitman was part of the transition between Transcendentalism and realism, incorporating both views in his works. His work was very controversial in its time, particularly his poetry collection *Leaves of Grass*, which was described as obscene for its overt sexuality.

The death of his mother caused great pain for Whitman. This left him feeling extreme isolation and depression. In the poem *Prayers of Columbus* he wrote, “I am too full of woe! Haply I may not live another day; I cannot rest O God, I cannot eat or drink or sleep, Till I put forth myself, my prayer, once more to Thee . . .”
making responsibilities. Some international students are caregivers for their siblings in the United States while their parents are back home. Some students are caregivers of their non-English—speaking parents who live in the United States. These expectations make juggling a family crisis with academic responsibilities especially difficult.

Faculty can support students who are experiencing a family crisis by offering flexibility on deadlines and other expectations, within reason. Students whose academic performance is affected by outside stress should always be referred to the Academic Advising office and the Student Development & Counseling Center for additional support. Faculty can also consult with academic advisors about reasonably accommodating the student.

**Resources:**


A child prodigy with a musically brilliant ear, incredible memory, and a melodic inventive mind, Mozart composed over 600 musical works.

After two of his closest friends and his dearly loved father died in the same year, Mozart threw himself into his work. But he could not endure the sadness and began to slip into depression and frequent mood swings. He appears to have experienced bipolar disorder, which could explain not only his depression but also his spells of hectic creativity.
The Student Who Is Dealing With Intrusive Contact (Stalking)

Some young adults find themselves victimized by unwanted intrusive contact by others. These behaviors are of a harassing nature, and may even provoke fear and anxiety. In most situations, an individual is dealing with an ex-boyfriend or ex-girlfriend, but others may become the targets of obsessive attention. The behaviors may include following the person (with or without the person knowing), secretly waiting for the person to arrive home, making inappropriate phone calls, obsessively communicating either directly or through friends of the victim, and communicating with increasing frequency and intensity. In some cases, the behaviors can include threats and intimidation. In many cases, the behavior is just annoying (multiple phone calls during the day), but other times it can be frightening (a person suddenly appears in a window of the home).

This behavior often is called stalking, and many states have enacted anti-stalking laws to stop this type of harassment. It is not possible to determine which cases will end quickly and which cases of intrusive contact will continue for a long time. Regardless, the victim of this intrusive attention can often become distracted, anxious, tense, sensitive, and jumpy. The uncertainty of when or where the perpetrator may strike next can lead to tremendous fear. Interestingly, some young people tend to have enormous tolerance for this kind of harassment and do nothing, hoping it will go away.

Should you learn that a student you know is being harassed or stalked, you can make suggestions in a nonjudgmental way. Let the student know that this kind of harassment is unacceptable and that being targeted is not their fault. Encourage the student to take action by contacting the WPI Campus Police or the Dean of Students Office for information about options. You can provide support by checking in with the student periodically and understanding that this kind of intrusion can distract a student, making it difficult to focus on studies. If the student admits to being afraid, the situation may be dangerous; strongly urge the student to consult with the WPI Police immediately.

**Referrals:**
WPI Campus Police, 508-831-5433
WPI Dean of Students Office, 508-831-5201
WPI Student Development & Counseling Center, 508-831-5540

**Resources:**
The Stalking Resource Center, part of the National Center for Victims of Crime, www.victimsofcrime.org/our-programs/stalking-resource-center
The Student Who Is Experiencing Sexual Harassment

Sexual harassment is unwanted, unwelcome sexual advances or requests for sexual favors, or other verbal, written, visual, or physical conduct of a sexual nature that either explicitly or implicitly is made as (1) a term or condition of an individual’s employment or academic status or (2) a basis for an employment or academic decision affecting that person directed at the victim by an individual or group of individuals.

Examples include sexual acts that are demanded in exchange for maintaining or enhancing academic benefits or status and unwelcome sexual behavior that is persistent, pervasive, or severe and has the purpose or effect of interfering with the work or the educational environment in a way that the student finds hostile or offensive. Harassing behavior may include attempts to communicate via phone, email, websites, chat groups, FAX, or letters; giving of unwanted gifts; displays of sexual material; and unwanted physical contact with the victim. Harassers can be male or female, and their targets can be members of the same or opposite sex. A one-time incident can be considered harassment.

Students may experience sexual harassment in the academic setting, as student employees, or from their peers. They may experience emotions such as shame, anger, fear, and denial and may display signs of distress. These students will benefit from a caring response that allows the student to feel control in choosing what action to take. In all instances when sexual harassment occurs, it is important to validate the student’s feelings and let them know that the harassment they experienced is not their fault and it will not be tolerated on this campus.

Faculty members who become aware of a student who is experiencing harassment should offer the appropriate resources to the student. The Dean of Students Office can provide information about resources available on campus and to explore options under the Code of Conduct. If
the student feels unsafe at any time, refer the student to the WPI Police. If the harasser is known, and is a faculty or staff member, refer the student to the Title IX Coordinator to discuss the student’s concerns and explore options to end the behavior. A student also may confer with a campus ombudsman. In addition, the student may benefit from a referral to Student Development & Counseling Center.

The issue of sexual harassment raises potential concerns, which prohibits educational institutions from discrimination based on sex. WPI’s internal policy for addressing complaints of sexual harassment and other discrimination may be found in www.wpi.edu/offices/policies/antiharassment.html or www.wpi.edu/offices/policies/judicial/sect9.html.

Referrals:
WPI Campus Police, 508-831-5201
WPI Dean of Students Office, 508-831-5201
WPI Ombudsmen, 508-831-5617, 508-831-5454
WPI Student Development & Counseling Center, 508-831-5540
WPI Title IX Coordinator, thassett@wpi.edu or 508-831-5473

Resources:
A listing of resources can be found at Feminist Majority Foundation, feminist.org/911/harass.html.

Actress Gabrielle Union, is best known for her roles in movies Bad Boys II and Bring It On. She was raped at the age of 19 while working at a shoe store. Gabrielle made the decision to tell her family and close friends what happened. Through the support of counseling she learned skills to help cope with trauma and began to see herself as a survivor rather than a victim.

Gabrielle took a stand against her rapist and pursued judicial action so that he would face consequences for his crime. He was charged criminally and eventually sentenced to 30 years in jail. Today Gabrielle is a vocal advocate for women’s issues and sexual assault victims. She tours the country speaking to people about her experience and raising awareness about sexual assault. In 2013, President Barack Obama appointed Gabrielle to the National Advisory Committee on Violence.
The Student Who Has Experienced Sexual Assault

National studies from college campuses across the country report that approximately 25 percent of college women will experience an attempted or completed sexual assault by the time they graduate from college. The perpetrator is most likely to be someone known to the victim: a fellow student, someone with a romantic interest, a friend, etc. Ninety percent of sexual assault victims on campus are women violated by men. Men who are sexually assaulted are most often victimized by other men (but sometimes by women) who are partners, friends, or even as a result of hazing or other peer rituals or pranks.

Sexual assault is any form of sexual contact or activity that occurs without consent, including the following:

- Touching
- Kissing
- Physical restraint
- Sexual intercourse

It is not limited to rape (forced sexual intercourse), and it can happen to both men and women.

There are two types of rape:

- Acquaintance rape is the act of forcing sexual intercourse onto a date or an acquaintance. Also referred to as date rape, 80% of all sexual assaults on college women were committed by someone they knew.
- Stranger rape is the act of forcing sexual intercourse onto a stranger.

It can be especially devastating to be raped by someone previously trusted and can lead to self-blame and mistrusting one’s own judgment. Acquaintance rape can be confusing, as it most often does not involve the use of a weapon. Usually the following may be used:

- Physical restraint
- Threat of physical harm
- Intimidation
- Coercion
- Alcohol and other drugs—more than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape
It is not uncommon for victims to remain silent about sexual assault, often hoping that the emotional pain will just go away and hoping that if they don’t tell anyone, “it didn’t happen.” Many do not seek criminal or judicial action, fearing that they will be condemned for their behavior (such as drinking or dancing) or their judgments will be criticized. Too many victims’ testimonies are questioned or not believed, which contributes to the silence that many victims endure. Sexual assault is one of the most underreported crimes, with 54% being left unreported.

**When to be concerned**

As a result of this type of trauma, students may experience Rape Trauma Syndrome. Symptoms include difficulties with concentration and study, emotional flashbacks, feelings of powerlessness or lack of control, bouts of sadness, anxiety, shame/guilt, physical symptoms of stress, shock, relationship difficulties, sleeplessness and nightmares, and/or requiring time away from academics due to judicial or criminal action. A student who has experienced a sexual assault would benefit from support and connection to resources on and off campus.

**How to provide support to a student after a sexual assault**

If a student discloses the assault to you, a sensitive response will help the student heal more quickly. It is important to believe the student and validate their experience. If a student tells you about an incident, it shows trust in you. Open ended questions such as “How can I help?” or “What do you need?” will prevent you from asking intrusive or judgmental questions (e.g., “Why did you trust him?” or “Couldn’t you scream?”) and convey a sense of support to the student.
It is important to note that WPI has a responsibility to making every effort to maintain a safe environment for all of its community members. If administrators, faculty members, or staff members learn that a student has been sexually assaulted, they are expected to report the incident to the appropriate campus departments (Dean of Students Office, Campus Police, and/or the Title IX Coordinator) so that the campus can take action to support the student and the community.

The Office for Civil Rights’ Dear Colleague Letter provides guidance for campuses in responding to a sexual assault. The DCL guidelines include the following:

- “Once a school knows or reasonably should know of possible sexual violence, it must take immediate and appropriate action to investigate or otherwise determine what occurred.

- If sexual violence has occurred, a school must take prompt and effective steps to end the sexual violence, prevent its recurrence, and address its effects, whether or not the sexual violence is the subject of a criminal investigation.

- A school must take steps to protect the complainant as necessary, including interim steps taken prior to the final outcome of the investigation.”

Both the Student Development & Counseling Center and Health Services are exceptions to this expectation. These are places a student can disclose a sexual assault and know that that information stays there in confidence. If a student begins to disclose that they experienced a sexual assault, explain to them that as an employee you need to take action by reporting what happened. Let them know that the SDCC and Health Services are places they can discuss what happened in confidence, receive support, and be connected to resources.

Some victimized students may want to focus on their academics to help distract them from the trauma they have experienced or as a way to take control of an area of their life. Students striving to stay on track academically and will appreciate the opportunity to complete course work in a fair yet flexible way. If you make alternate arrangements with a student to complete course work, put the timeline and required work in writing. Students dealing with trauma may
not be able to fully remember details when they are discussed. Memory is something that gets impacted by trauma. A written agreement with course work expectations may be helpful.

If the student is looking for resources to help deal with the experience or needs information about options, WPI’s Student Development & Counseling Center can provide support, resources, and information to help the student manage the trauma. The Dean of Students Office is available to discuss actions the survivor may want to take judicially. WPI also offers Sexual Assault Judicial Advocates that can support students while they navigate the judicial system. Campus Police and Worcester Police are resources for students who want to explore legal options (i.e., to report assault or harassment, press charges, obtain restraining orders). The local rape crisis center, Pathways for Change (508-842-7600), offers counseling and a 24-hour hotline (800-870-5905) for support.

**Referrals:**
Worcester Police, 508-799-8606 for complaints; 911 for emergencies
WPI Campus Police, 508-831-5433
WPI Dean of Students Office, 508-831-5201
WPI Health Services, 508-831-5520
WPI Student Development & Counseling Center, 508-831-5540, www.wpi.edu/offices/sdcc/sexual-assault.html
WPI Title IX Coordinator, thassett@wpi.edu or 508-831-5473

**Resources:**


**Allies in Healing: When the Person You Love Was Sexually Abused as a Child.** Davis, Laura. 1991.

**Rape, Abuse and Incest National Network,** [www.rainn.org](http://www.rainn.org)


**US Dept of Education Dear Colleague Letter,** [www2.ed.gov/about/offices/list/ocr/letters/colleague-201104.html](http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201104.html)

**Victims’ Rights Law Center,** [www.victimrights.org](http://www.victimrights.org)
The Student Who Has Experienced a Hate Crime or Bias Incident

A hate crime is defined under Massachusetts general law Part I, Title II, Chapter 22C, Section 32 as “any criminal act coupled with overt actions motivated by bigotry and bias including, but not limited to, a threatened, attempted or completed overt act motivated at least in part by racial, religious, ethnic, handicap, gender, gender identity or sexual orientation prejudice, or which otherwise deprives another person of his constitutional rights by threats, intimidation or coercion, or which seek to interfere with or disrupt a person’s exercise of constitutional rights through harassment or intimidation.”

If the student believes a hate crime or unfair bias has occurred, the student should contact the WPI Police (508-831-5433) or the WPI Dean of Students Office. If a student does not want to pursue the issue judicially, it is still appropriate for someone with knowledge of a hate crime or incident of bias to report it to the Dean of Students even if the parties involved are kept anonymous so that an appropriate community-level response can occur. Students who do wish to pursue matters judicially can be put in contact with a campus Judicial Advocate to help guide them through the process.

**Referrals:**
- WPI Collegiate Religious Center, 508-831-6030
- WPI Office of International Students and Scholars, 508-831-6030
- WPI Office of Multicultural Affairs, 508-831-5796
- WPI Student Development & Counseling Center, 508-831-5540
- www.wpi.edu/offices/sdcc/sexual-assault.html
The Student Who Has Experienced Hazing

Students attending WPI have the opportunity to join a wide range of groups, including athletic teams, fraternities and sororities, performing arts ensembles, religious groups, public service organizations, and others. Virtually all of our students belong to some form of student organization or extracurricular group. These groups, by and large, provide positive out-of-the-classroom learning experiences, and in many cases are important platforms for social, cultural, and interpersonal support. Entry into some of these groups may involve formal or informal initiation practices, which, in and of themselves, are not harmful to a student’s academic experience. There are, however, times when these practices become hazing, and are detrimental to the student.

Hazing defined

According to WPI and the Commonwealth of Massachusetts, hazing is “any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include but is not limited to whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug, or other substance, or any other brutal treatment or forced physical activity that is likely to adversely affect the physical health or safety of any such student or other person, or that subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation.”

Individuals found in violation may be subject to the following sanctions:

- Oral warning
- Written reprimand
- Appropriate educational tools (such as reflection papers, counseling, letters of apology, and directed study)
- Sanctions payable in full or in part by community work performed in a manner acceptable to the judicial administrator
- Probation
- Suspension
- Dismissal
Initiation practices and hazing

Although initiation practices generally help new members become part of a group, research and experience have taught us that when policies are not observed, they can also constitute hazing. Hazing takes various forms, but typically involves endangering the physical health of an individual or causing mental distress through, for example, humiliating, intimidating, or demeaning treatment. Often hazing involves pressure to drink alcohol, sometimes in dangerous amounts. Being hazed is serious and can have a significant effect on one’s physical and emotional health, and often impairs a student’s academic performance.

Frequency of hazing at WPI

Hazing is a problem nationwide. Nearly half of the students arriving to campus each year have already experienced hazing in high school, and one in three WPI students will go through an experience that meets the university’s definition of hazing while at WPI.

Jules Feiffer is known as a cartoonist, playwright, and author. His cartoons have been collected into 19 books and have appeared in *The New Yorker*, *Esquire*, *Playboy*, and *The Nation*. Feiffer’s Pulitzer Prize-winning comic strip has been influencing readers for decades. His other work ranges from his Obie Award–winning play *Little Murders* to his screenplay for *Carnal Knowledge*. “I always considered myself, as far back as I can remember from the age of three, four, certainly by five, just being in a low-level depression, where I often had to fight to function,” he said. Later, “I found that after J.F.K. was shot, I fell into a deep depression.”
You can help stop hazing

If you want to help stop hazing, find out about the steps to take and the resources that are available from the Dean of Students Office and the Student Activities Office. If you become aware of hazing, you are encouraged to report it to the Director of Student Activities at 508-831-5961. If the hazing you observe is an active hazing activity, you should call WPI Police immediately so they can stop the hazing and appropriately address it.

What to look for

Students are involved in many ways at WPI and come into contact with staff and other community members frequently. They spend the most time, however, with faculty in classes, lectures, and laboratories, and through other academic work. Therefore, it is critical that you as a faculty member know the signs of hazing to look for and what to do. Some of the signs of a student experiencing hazing:

- Fatigue, having a tough time staying awake, or sleeping in class
- An unkempt appearance or conspicuously strange or silly clothing
- Falling behind in work or performance
- Change of attitude or personality in class

You may notice student involvement in groups by observing clothing or other identifying articles, such as a fraternity or sorority pin, or clothes identified with a team or other student group. Those alone are no reason for concern, but if they are linked with the above signs, they should draw your attention.

What will happen if I report signs of hazing?

WPI has an excellent judicial process, both for students and student groups. The process is educational, not merely punitive. The goal is to stop the hazing from causing harm, help the individual(s) affected, and help the group restructure its initiation process to remove hazing.

The victims, of course, do NOT receive any sanctions. While they may be nervous about how their peers may see them, the university has a process that can keep them, and you, anonymous, if that is what the reporter wishes. We want to help avoid undue stress for our students, not create a different, but equally stressful, situation.

Referrals:

WPI Dean of Students Office, 508-831-5201
WPI Student Activities Office, 508-831-5961
WPI Student Development & Counseling Center, 508-831-5540
The Student Who Has Been Referred to the Judicial Administrator/Case Officer

When a student is documented for an alleged violation of a WPI policy and is requested to meet with a Judicial Administrator or Case Officer, he or she may panic or become very anxious. The best way to combat this anxiety is to reassure the student and provide accurate information about how the judicial system works. For more specific information on the WPI judicial process, please contact the Dean of Students office at 508-831-5201. The WPI Code of Conduct, and all judicial policies and procedures can be found at http://www.wpi.edu/offices/policies/judicial.html

The WPI Campus Judicial System is designed around the concept of educational discipline—students understanding why specific rules are in place, taking responsibility for their actions, learning from their mistakes, considering alternative courses of action, and ultimately, changing their behavior in the future.

When there is a report that a student may have violated one of WPI’s policies, the student will meet with a Judicial Administrator or Case Officer to discuss the case. During a judicial conference, the Case Officer discusses the alleged violations and options for resolution. Students are presented with the evidence and encouraged to tell their side of the story. In most cases, students accept responsibility for their actions, and the situation is resolved. If the student does not accept responsibility, the judicial administrator will make a decision based on the evidence available and assign sanctions as appropriate. In the WPI judicial system, all decisions are rendered based on ‘preponderance of evidence’ which is defined as ‘more likely than not’ that a violation has occurred.

If a case cannot be resolved through an administrative conference, it is forwarded to the Campus Hearing Board (CHB) for resolution. The CHB also hears more serious cases, as well as situations involving repeated violations of WPI policies. The Campus Hearing Board is comprised of students, faculty, and staff. The CHB is a neutral body that exists to resolve conflicts, both between a student and the university or between two students. The CHB will hear the evidence from both sides and witnesses, and make a decision on what they think happened based on the ‘preponderance of evidence.’ Appeals from cases heard by the CHB are reviewed by the Presidential Appeals Board.
WPI has a number of Judicial Advocates who are trained and educated about the judicial system on campus, and serve as a confidential resource and consultant for students. At a judicial hearing, a student may also have a member of the WPI community serve as an advisor and attend the hearing, although they do not actively participate.

Judicial sanctions range from being placed on Disciplinary Warning or Probation through Disciplinary Suspension or Expulsion. Educational sanctions include community service, attending an educational program, writing a reflection paper, and an alcohol and drug assessment. Parents are notified when a student violates the WPI alcohol or drug policy. Judicial records are reportable for a period of two years after graduation from WPI. However, in cases of disciplinary suspension or expulsion from WPI, judicial records are maintained permanently. Judicial records may be shared both internally (e.g. IGSD, Honor Societies, etc.) and externally (e.g. transfer applications, prospective employers conducting a background check, etc.) in accordance with federal regulations that require written permission from the student involved.
Role of the faculty

Academic Integrity violations can sometimes be manifestations or symptoms of underlying emotional or mental health issues. While mental health issues do not negate or excuse the seriousness of an academic integrity violation, it is important to provide support to at-risk students during the academic integrity hearing process. In many cases, the infraction may be straightforward and the student’s response appropriate. In cases where the faculty member has a more serious concern—due to the nature of the offense or concerns about the particular student involved—the faculty member/instructor is advised to take note and consult with the student’s academic advising office. Examples of such cases would include the following:

- The instructor believes the student’s behavior exhibits signs of underlying mental health difficulties, such as verbal incoherence, mood instability, loss of affect, uncontrollable weeping, severe withdrawal from classes and relationships, or otherwise bizarre behavior.

- The student is believed to be at risk to them self or to others in response to the news of the violation or news from the committee about the grade or class where the infraction occurred.

- The instructor feels instinctively that there MAY be serious underlying issues that the student is not able or willing to express. This often has been the case with students who do not give a sense to the faculty member that they understand the gravity of the violation or do not seem able in any way to articulate any response to the situation.

- The instructor has some concern that factors in the student’s personal background may add complexity to the situation, such as unrealistic family expectations for the student’s career, the student’s isolation from family and community support, intense feelings of shame or humiliation for infractions, extreme reticence to communicate, or cultural/ethnic differences that may exaggerate the perceived severity of the process.
Humorist Art Buchwald, who wrote about 8,000 newspaper columns and 33 books, was challenged by depression and bipolar disorder. He was hospitalized for depression in 1963 and for manic depression in 1987. He said that without adequate hospital care, which temporarily eliminated his suicide option, he might have killed himself. “I’ll admit that I thought of killing myself,” he said. “But I never did—probably because I was afraid I wouldn’t make it into the New York Times obituaries.”
From the Associate Director of the Student Development & Counseling Center

Dear Colleagues,

The idea for developing this handbook came when I was at an Active Minds, Inc. conference several years ago. There are many individuals who contributed to this project coming to fruition. First of all, thanks to Cornell University for sharing their Recognizing and Responding to Students in Distress handbook with us and allowing us to use it to frame our own. This project would have never been possible without the help and support of WPI’s Marketing division. Thanks to all of the students, faculty, and staff who participated in focus groups where they shared their personal experiences and ideas about supporting students. Thank you to all of our models and the photographers who helped personalize the book with some of the faces of WPI. Appreciation also goes out to the senior administration at WPI, everyone who wrote letters for this book, and to the Student Affairs Division. Last but not least thank you to everyone in the Student Development & Counseling Center who helped write and edit these pages. Charlie, Julie, Sabrina, Matt, Debbie, and our work-study Pete, you all are amazing and it’s a pleasure to work with you.

WPI is truly a compassionate community. In the Student Development & Counseling Center we see this every day whether it be when working with our peer educators on a program, consulting with a student on how to support a friend, or discussing with a professor how to reach out to a student that they are concerned about. I am so proud to work at an institution that is committed to supporting its community members and contributing to society as a whole.

We hope that you find the contents of this book helpful when you are supporting students in distress. While this book aims to provide comprehensive information, we know that every situation is unique. If you ever have questions or need to talk about an individual case, do not hesitate to contact the Student Development & Counseling Center. We’ve got your back. We look forward to collaborating with you in continuing to cultivate a caring community here at WPI.

Sincerely,

Erica L. Tolles, MA, LMHC
Associate Director, WPI Student Development & Counseling Center
Credits and Copyright

Produced by the Student Development & Counseling Center Staff at Worcester Polytechnic Institute.

Adapted from Recognizing and Responding to Students in Distress: A Faculty Handbook. Cornell University. 2009.

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Thank you to the students, faculty, and staff at WPI that helped put this book together through a series of focus groups, photography sessions, interviews, writing of passages, and review.

08/2013